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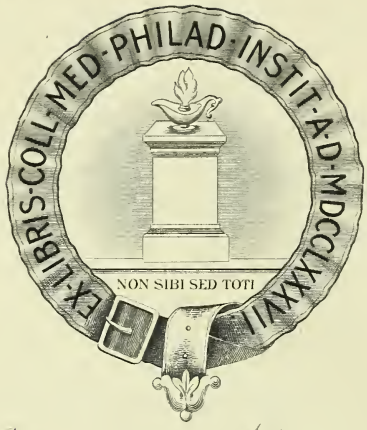

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ELECTRICAL TREATMENT OF GOITRE

By William R. D. Blackwood, M. D. Philadelphia, Pa.

No more disagreeable and disfiguring disease than goitre afflicts the human race than goitre. It is not only this, but in not a few cases it has been fatal through constriction of the trachea, and because of the unknown or yet unexplained connection between the thyroid and the general health, especially in the instances where cardiac trouble was intercurrent with the goitre or brought on through it. My attention was drawn to the treatment of goitre by electricity in many instances of cervico-brachial neuralgia treated electrically, where the thyroid was enlarged, and where without any desire on my part the enlargement gradually disappeared—an accident, practically speaking. When I became assured that in some instances, at least, something might be done with goitre by electrical work, I found no help in my books, (and they amounted to over a thousand many years ago) I started in to see just what might be done, and it was not long before the matter showed that there was not only something in it, but that there was a great deal if only the patient could bear the intense current indicated, for small currents, (low amperages,) had little or no curative effects at all. We have till lately been affected with the idea that with galvanism about three milliamperes was the limit in most instances, a belief not by any means considered true by myself, whilst European electricians worked with several hundred ma. in abdominal cases such as fibroids of the uterus without any apparent danger to the woman, where the complex system of nerves and blood-vessels made reflex irritation or even reflex depression dangerous. In my mind there could be no possible danger in using high currents—say twenty to fifty ma. elsewhere notwithstanding the proximity of important nerve trunks such as the pneumogastrics, and I cautiously tried applications as high as seventy ma., in the solar plexus, the neck, and the entire spinal region without in a solitary instance having results disturbing to the patient or to myself. Electricity is just like any other strong or weak affair—it will do no harm to some persons, yet it will do much injury to others, as will small doses of strychnia or morphia to some, whilst very large doses do no injury to many under similar normal or diseased conditions. The truth is—we must treat each case as a special one—every one must be studied along the lines of symptomatology, idiosyncrasy, and conditions as the case progresses toward cure or the reverse. Many people will endure currents favorably in any part of the body which would produce giddiness or syncope in others apparently stronger and more robust in all particulars. With this in view I began experimenting as instances presented themselves to me, and fortunately several came along just as I became interested in the matter. Fortunate success in these brought others, and in two years after I began my work I had anywhere from ten to thirty peo-

ple under my care with goitres—the majority simple enlargement of the thyroid, but some quite bad instances of exophthalmic, and these did better than the simple ones. I grew a reputation which was all right for me in a financial way, and I had the satisfaction of feeling that I was of value to many who had almost (many altogether,) despaired of relief, to say nothing of cure, in this distressing malady.

In the last thirty-two years I have treated two hundred and twenty-seven cases of goiter with electricity, although, of course, in some instances I have used other remedies with the current for special reasons. Of these one hundred and ninety-eight were simply enlargement of the gland, sixteen were exophthalmic goiter, ten cystic, and three were malignant. The latter died in from one to four years, ulceration setting in with hemorrhage and consequent general debility which soon undermined the patient. In most of the applications the current was used with small sponges covered with chamois leather which was removed after each treatment—for I have always been careful about transferring possible skin disease from one person to another. Whilst going along I will talk about items which may be useful to those who do not make much of a specialty in electric matters, for sometimes small things are of importance more than they seem to be, and have quite a large effect in the final result. Always be careful about strict cleanliness—asepticism—don't use dirty applying electrodes. A good, but troublesome method is to use a nickled disk covered with a wisp of absorbent cotton from some good house, held on by a rubber band which can be drawn away after getting the patient out and getting your fee in. Charge cash always. I find that in many persons the fluid used to wet the electrodes will fill the bill better if it is camphor-water which is soothing to the burning of a strong galvanic current. I make it a regular practice to wet all electrodes with a preparation of this nature—hydrarg. bichlor. 20 grains, oil of cloves two drachms, alcohol two ounces. This is antiseptic, nice to use, and it makes all electrodes safe. In uterine applications it is splendid, and it is, in itself, good in endometritis and allied disturbances of the uterus. Now as to energy—I never take a case without telling the person that it will hurt some—tell them that it will burn a lot, and whilst it does not, it makes them respect your veracity which is a great matter. I employ from ten to fifty milliamperes always—some practicians will tell you that this is too much—that it will burn—that it destructive—and my reply to all hands is that I began electro-therapeutics fifty years ago, long prior to anyone that I know of unless it was a Boston physician and I think that I antedated him by a few months in any reported cases anyhow. I have been connected with commercial electrical work for many years, hence I know as much about it as most physicians, and, dealing with power-plants which employ anywhere from fifty thousand amperes to a million, I ought to be fairly familiar with the subject. We cannot get results from electricity in homeopathic methods—you must change the local conditions without reference to the coulombs. Lots of cases come to me where patients say that—"I have been treated with electricity, and it did no good." All right—I don't deny that, but all the same I am going to use it, and you can either let me attend to your troubles or go to some other doctor. Last night I had an example of this, a girl who is back from a trip to Europe, has seen nothing of her menstruation since last April, which sometimes happens to emigrants for a month or two. She didn't want local applications, so I told her to try someone else, but her mother knew me, and she insisted, so the girl backed

out. I gave her a tremendous dose of faradism, and this morning she sent me word that her show came along in great shape during the night—a disappointment to me, for I expected her to come for some half-dozen visits anyhow.

Now for technique—:I generally apply the electrodes so as to clasp the gland between them about two inches apart, and use a current gradually strengthening till it burns. I keep this up fifteen minutes—then give the person a rest, and begin again till the time elapsed is some thirty or forty-five minutes altogether. If they grow giddy, lower the amperage, or if they get sick at the stomach do the same—they soon get used to it. Try to get them to come every second day if they can stand the cost: anyhow twice weekly—otherwise I won't take the case. Remember that now and then someone will tell someone else that they went to Dr. somebody and he did them no good—they don't tell them that they didn't give him a fair show. It pays better in the long run to be firm in your work—you be boss—they are the smaller part of the problem anyhow.

In the simple cases I used nothing except the electricity; in all exophthalmic work I used cactina, with sometimes arsenauro. In many of the cystic people I drew off the glutinous fluid with a trocar, and in most of them I injected a weak Lugols solution, letting it run out before sending the patient away. All the cystic folks were women, and the percentage of goiters was eighty as to sex—women formed the bulk of the cases. In two cystic instances I had hemorrhage—in one severe—but all did well under adrenalin injected. In all after removing the fluid I injected a solution of protonuclein special, letting this remain in the cyst.

Internally in many instances I gave from ten to thirty grains of sodium bromide in syrup of sarsaparilla or compound syrup of stillingia three times daily. In anemias I gave phosphates of iron, quinine, and strychnia, but the real dependence was the curcent. As to diet, I am favorable to buttermilk, especially that made with the now well-known "Lactone Tablets" of Parke, Davis, & Co. This contains all the butter fats besides the casein and lactates—a strong point in dietetics.

In passing I desire to say that in many instances there was much neuralgic trouble especially in women, and all this disappeared under the electrical treatment without special attention—it was simply intercurrent. Some of the women were pregnant during the treatment, and this was not in any way unfavorably affected. I have never found electricity to interfere with pregnancy under any circumstances, even when applied in strong form to the abdomen for ovariam neuralgias—I hold that to do harm such as to produce miscarriage the electrodes must be absolutely used intrauterine, which, of course, no sensible man will do.

I have never done an ablation through surgery in goiter but I have seen some done by good surgeons, and in most of these there was lots of trouble—in two fatal hemorrhage. In another had the carotid not been tied promptly she would have died, and she never got over the loss of blood anyhow—she was an invalid till her death a few years afterward. Taken in time, I hold that electricity will cure any goiter. In some of the cystic cases I used needles as electrodes internally, but with no better results than under the ordinary sponge electrodes.

I like the Baltimore chloride of silver battery in such cases as those where we have to take the apparatus along—best, however, bring them to your office—there you have all necessary paraphernalia, and one never knows just what may crop up at times.

Any practitioner can put up a galvanic battery through fifty to a hun-

dred cells such as are used for bells or gas-lighting. If you do this, have about twenty extra carbons to use when the used ones are filled with ammonia. Soak the old ones for a week in water—then heat them in the oven till scentless, and renew the paraffine on the tops. Amalgamate all zincs thus—get two ounces of sulphuric acid with twelve of clean water, in which dip the zincs, and then dip into metallic mercury. You can drop the quicksilver into the sulphuric acid bottle, but be careful when handling it to set it down quietly—if jarred it will fracture—the mercury is dreadfully heavy in proportion to its bulk. Zincs last three times as long when amalgamated as when not. All wires used for conductors must be of copper wire—not the so-called "tinsel"—this won't carry high amperage. Use red for the positive, and green for the negative, and you always then know where you "are at!" Be very careful when done with a case to see that the circuit is open, otherwise next morning you will find the whole arrangement polarised. Then you must renew the lot and make some cursory remarks. I trust that this paper will be of some use to the readers of the splendid "Wisconsin Recorder." If my remarks are not understood I shall be glad at any time to say more if the editor will let me, after you ask him why I don't tell the thing properly in his columns. I don't hold with Edison, (who is not at all a great electrician, although he is a great inventor in other directions,) that electricity and surgery will drive all drugs out of business, but I do hold that electricity is of much more use than most practicians think or know—it is a sine qua non with me for many long years past, and I have made many good friends through its marvelous powers for good, who otherwise would have gone the long journey from which there is no return in this life.

DERIVATION AND CHARACTERISTICS OF ACTIVE PRINCIPLES

By George L. Servoss, M. D. Fairview, Nevada

(Continued from Page 397 December Recorder)

APIOLIN.

A yellow liquid, from green Apiol, soluble in alcohol, with Sp. Gr. 1.125 to 1.135 at 15° C. Boiling point 280 to 300° C. Actions and indications same as those under Apiol, white or green. Dose, according to Merck's Index, 3 minims, in capsules, 3 times per day, 3 days before menstruation.

ARBUTIN.

This active principle is a glucoside, obtained from several species of the Arbutus. Merck obtains it from the leaves of the Arctostaphylos Uva-ursi, Spr. (Bearberry). It is obtained in white crystals, of bitter taste, the formula Being $C_{12} H_{16} O_7$, and is soluble in alcohol, boiling water, and slightly in cold water. It acts as a diuretic and is indicated where uva-ursi would be employed. The standard dose is from 1-67 to 1-6 grain.

ARECOLINE.

The alkaloid from the fruit of the Areca Catechu, L. (Betel-nut). Two salts of the alkaloid, the hydrobromide and hydrochloride are employed. They both occur as white crystals, soluble in water and alcohol. The first has a chemical formula of $C_8 H_{13} N O_2$. H Br, and melts at about 167° C., the second being $C_8 H_{13} O_2$. HCl and melting at 157-158° C. Marme says that arecoline acts upon the heart in much the same

manner as does muscarine. It also depresses respiration. It is also said to stimulate the salivary glands and to act as a laxativee. It has a myotic action. It is used as an anthelmintic in doses of 1-5 to 1-10 grain. As a cathartic in colic of horses in dose of 1 1-3 grains hypodermically. A 1 per cent solution is employed in human mycosis. Given hypodermically, it will produce catharsis, 1-67 grain being suggested as the proper dose.

ARTEMISIN.

The active principle from the seeds of Artemisia Maritima (Wormseed), where it is found associated with santonin. Merck has isolated it as a white crystal, soluble in chloroform, hot alcohol and hot water, melting point 200° C., and with the formula of $C_{15} H_{18} O_4$ It is recommended as a stimulant of the appetite. No dose is given.

ASARON.

Asaron is a camphor of Asarum Candense, from the root of the plant. It is obtained as white to yellowish crystals, having a faint, biting taste, soluble in alcohol, ether, glacial acetic acid, slightly in hot water, melting at 59° C., and boiling at 296° C., and having the following formula: $C_{12} H_{16} O_3$ or $(CH_3 O)_3 . C_6 H_2 . (CH)_2 . CH_3$. It is said to act as a tonic and antiseptic. Merck does not give the dose and it is not mentioned by other authors.

ASCLEPIN.

This is a concentration from the root of the Asclepias Tuberosa, or Butterfly weed. Merck gives asclepin it as a resinous extract. It is diaphoretic, diuretic, laxative, tonic, carminative, expectorant, and probably antispasmodic, according to King. It is recommended in pleurisy, pneumonia, catarrh and consumption. Merck gives the dose of asclepin as 1 to 2 grains.

ASPARAGIN.

Asparagin is a glucoside found in many plants, but the vegetable asparagus yields the largest quantity. Merck's Index says that it is obtained in transparent, lustrous, rhombic prisms, Sp. Gr. 1.1519, soluble one in 47 parts of water at 20° C., acids and alkalis and with the following chemical formula; $C_4 H_8 N_2 O_3 . H_2 O$, or, $C O N H_2 . C H_2 C H (N H_2) . C O$. Merck says that it is physiologically inactive, while other authorities say that it increases solid matters by the kidneys. Merck gives the dose as from 5 to 10 grains, while others have found smaller doses, from 1-67 up, frequently repeated, to have good effect. According to Merck's Index it was formerly employed in cardiac diseases. It has been used in cystitis and gout.

ASPIDOSPERMINE.

This is an extract from the bark of Aspidosperma Quebrachoblancho Merck's Index saying that is a mixture of quebracho bases, and is obtained in an amorphous, brownish-yellow powder, of bitter taste and alkaline reaction, soluble in alcohol, ether, chloroform and benzene. It paralyzes the respiration. It is used to relieve dyspnea, asthma, as an antipyretic in fevers, to relieve cynosis in pneumonia, to relieve pain and fever in rheumatism and gout. Merck calls it "The digitalis of the lungs." Merck's Index gives the dose as 1 to 1½ grains, while others prefer smaller doses, at frequent intervals to effect.

ATROPINE ALKALOID.

The alkaloid from the roots and leaves of Atropa Belladonna. It is isolated in the form of white acicular crystals of a bitter, acrid taste, soluble, one part in 450 of water, 1.46 of alcohol, 16.6 of ether and 1.56 of chloroform at 25° C. The chemical formula is $C_{17} H_{23} N O_3$ and the melting point is 112—113° C. It acts as an antispasmodic, analgesic, mydriatic, respiratory and cardiac stimulant, antisialagogue and antihydrotic. It is used in shock, with profuse clammy sweating, ptyalism, as an antispasmodic in numerous conditions. In a O. 5 per

cent solution it is used as a mydriatic. It is also used externally in the form of a 1 per cent ointment, or as the oleate, in painful conditions. Atropine is an antidote to pilocarpine, chloral, chloroform, morphine, fungus poison, and hydrocyanic acid. The dose internally, according to Merck's Index, is from 1-120 to 1-60 grain, the maximum single dose being 1-60 grain and the maximum daily amount 1-20 grain. Atropine is extremely poisonous and should be used with great care.

ATROPINE SULPHATE.

The sulphate salt of atropine is the one most commonly employed. According to Merck's Index, it is obtained in the form of white, perfectly neutral, crystals, absolutely free from acid or alkali, soluble, one part in about 0.4 of water, 3.7 of alcohol, 21.40 of ether and 620 of chloroform at 25° C., melting at about 189.9° C., and with the formula as folows: $(C_{17} H_{23} N O_3)_2 . H_2 S O_4$ Merck gives the dose 1-100 to 1-50 grain, but it has been found that smaller doses at more frequent intervals are very effective. The actions and uses of the sulphate are the same as those of the alkaloid.

AVENINE.

Avenine is an alkaloid from the common oat. There is also an albuminoid from the Avena Sativa, Avenin. The authorities give no information regarding the physical properties of the alkaloid, but Merck says that avenin, the albuminoid, is a yellow to yellowish-white powder. King gives as specific indications for the alkaloid: Spasmodic and nervous disorders, with exhaustion; cardiac weakness; nervous debility of convalescence; spermatorrhea from the nervous erethism of debility; tensive articular swellings. A nerve tonic, stimulant and antispasmodic. Dose 1-67 to 1-6 grain.

BAPTISM PURE

BAPTISIN, ECLECTIC.

Baptisia Tinctoria has three active principles, which Ellingwood describes as follows: Baptisin is a bitter glucoside, baptin a purgative glucoside, and baptitoxine a toxic alkaloid. Merck lists Baptisin pure, as purgative and emetic in large doses, tonic-astringent in small, the Eclectic baptisin having the same actions. The dose of the former is given as 0.032 to 0.3 and the latter 0.05—0.52. The baptisin pure is obtained in a brownish mass and the Eclectic baptisin, in a dark brown powder.

BAROSMIN.

A resin derived from buchu leaves, obtained in a brown aromatic, pungent, bitter powder, soluble in alcohol, and acting as a diuretic and antiseptic. Used in genito-urinary diseases. Merck gives the dose as 2 to 4 grains, but, as is the case with other active principles, it has been found that smaller doses, at frequent intervals, to effect, obtain good results. The standard granule is 1-6 grain.

BEBEERINE.

Bebeerine is devired from Nectandra, Pareira, Boxwood, Cassampelos and other plants, and is an alkaloid. Merck says that it is obtained in a yellowish-brown, bitter, odorless, amorphous powder, with the formula of $C_{19} H_{21} O_3$, soluble one part in 5 of absolute alcohol, 13 of ether, 6000 of cold and 1800 of hot water, and in dilute acids. It has antipyretic and tonic actions similar to those of quinine and is employed in malaria. Scudder says that it is a good remedy in menorrhagia. It is also useful as a tonic in leucorrhea. As a tonic the dose is grain 1-12 to 1, before meals; as a febrifuge and antiperiodic, grains 5 to 20.

BERBERINE.

The authorities say that this is the most universally diffused alkaloid in the plant world, occurring in the Columbo, Berberidiae, Menispermaceae, Ononacae, Ranunculaceae, Papaveracae, Rutaceae, and Caesalpineae. It is marketed as the Hydrochloride, a yellow powder, soluble in water, formula, $C_{20} H_{18} N O_4 C_1$.

$2 H_2 O$. As the Phosphate, a yellow, crystalline powder, soluble in water, formula $(C_{20} H_{17} N O_4)_3 (H_3 P O_4)_2$ $5 H_2 O$. As the Sulphate, in the form of yellow needles, soluble in water and alcohol, formula $C_{20} H_{18} N O_4 . H S O_4$. The actions of all are antiperiodic, stomachic and tonic. Used in combination with quinine in malaria, with splenic complications, in amenorrhea, chronic intestinal catarrh, vomiting of pregnancy, injection in gonorrhea. Merck gives the dose as 8 to 15 grains in malaria; as a stomachic and tonic 1-2 to 1 grain, 3 times per day.

BETAINE HYDROCHLORIDE.

Merck gives this as an alkaloid from the sugar beet, also as a synthetic, obtained in colorless, monoclinic tablets, soluble in water, formula $C_{15} H_{11} N O_2$ HCl., and credited with power to completely neutralize tetanus toxin. Used in gastric affections like HCl. Merck gives the dose as 8 minims, which equals 5 drops of 10 per cent HCl.

BORNYVAL.

According to Merck's Index this is the Borneol Isovalerate and is obtained as a colorless liquid, with the odor and taste of valerian, soluble in alcohol and ether. and insoluble in water, acting as a nervine and used in hysteria, nervous excitement and palpitation. The dose is given as 4 minims in capsules, 4 times per day.

BRUCINE.

Brucine is the companion alkaloid of strychnine, both of which are derived from Nux Vomica and Ignatia. Merck says that it is obtained in white crystals, soluble in alcohol and chloroform, melting at 105° C., hydrated; at 178° C., anhydrous, with the formula of $C_{23} H_{26} N_2 O_4 . 4 H_2 O$ (or $2 H_2 O$). It acts as a nerve tonic, like strychnine, but is milder of action. Merck gives the dose as 1-12 to 1-2 grains, while it has been found that 1-134 grain, at frequent intervals, to effect, gives as good if not better, results. The following salts of Brucine are on the market: the Hydrobromide, Hydrochloride, Nitrate, Phosphate, and Sulphate, the actions, uses and dosage of the salts being the same as of the alkaloid.

BRYONIN.

Is a glucoside derived from Bryonia Diocia in the form of an amorphous, brownish-yellow, bitter powder, soluble in water and alcohol, Merck giving the questionable formula of $C_{48} H_{80} O_{91}$. It acts as a cathartic and is used in hepatic disorders. Scudder gives the specific indication for bryonia, a hard vibratile pulse, flushed right cheek, frontal pain extending to the basilar region, and irritative cough. The dose is 1-67 grain.

CACTIN.

The active principle of Cactus Grandiflorus, a glucoside. The authorities do not mention the form in which it is obtained. It acts as a heart stimulant. Is indicated in all weakened conditions of the heart muscle, valvular inefficiency, in all cases with irregular and intermittent pulse. The dose is 1-67 grains.

CANNABIN ALKALOID.

The alkaloid of Cannabis Indica, obtained, according to Merck, in a dark-brown, viscid mass, with narcotic odor and alkaline reaction, soluble in alcohol, ether and chloroform. It is said to be hypnotic without dangerous secondary effects and the dose is 1 1-2 to 4 grains. The Tannate salt of the alkaloid occurs in a brownish powder, of slightly bitter and strongly astringent, taste, soluble in alkaline water or alcohol, very slightly in water or alcohol. Acts as a hypnotic and sedative. Used same as the alkaloid and resinoid. Dose is given as 8 to 15 grains, maximum daily, 40 grains.

CANNABININE.

A yellowish to brownish, syrupy liquid with odor similar to nicotine, derived from Cannabis Indica, soluble in ether. Hypnotic and sedative. Used in insomnia of hysteria and epilepsy. Dose 1-2 to 1 1-2 grains.

(To be continued).

STUDIES IN ITALIAN THERAPEUTICS

By William Waugh, M. D., Chicago, Illinois

(Continued from Page 394 December Recorder)

In the introduction to his fine work on Dosimetric Therapeutics Prof. Laura says: "We have consulted the writers and authors most esteemed of the old and of the new schools, without excepting the better authorized homeopathists, controlling their experiences by our own, sustaining our opinions with good faith and with firmness, whenever our own observation and experience has shown us that the others had made a mistake. The more we advance in our art the more, without ceasing to be exclusively partisans of the better way in all things, we feel confirmed, consolidated and rooted in our scientific faith the dosimetric method, which is our preference but not exclusively. In order to avoid repetition, in the chapters consecrated to certain dosimetric agents, of the considerations which are common to all, to avoid fatigue to ourselves and ennui to our readers, we present in this modest introduction these general remarks which are the proof of our prolonged studies, and of a professional practice well occupied during many years. It has been more than twenty-five years since we were initiated into the mysteries of the very justly venerated goddess Hygeia. This long period of our life has been consecrated to the hospitals, to study and to our private clientele. During eighteen we followed the usages of the old school, which had consecrated us as a priest of medicine, and for which we will always preserve a respectful recognizance. After this we delivered ourselves with conscientious activity to the study and the practice of dosimetry. This work of comparative pharmacology is therefore the proof of our comparative studies during that period of professional practice.

"With the first therapeutic essays, made in the early period of our medical practice, we have compared the results of our later years; and we say to our readers with perfect good faith in the avowal, that we are profoundly and sincerely convinced that the new dosimetric method is a great advance in the science and in the art; that it promises besides new and sure triumphs, that it gives to the physician an increased dignity, a greater certitude in his art, a much brighter light to guide him in his difficult and magnificent profession, sparing him from the dangers of excessive treatment, increasing his faith in the resources of his art, and in fine rendering to suffering humanity services greatly superior to those of ordinary medicine. Dosimetry is a scientific art; which demands from physiology and pathology the progress and the triumph of the art as well as the perfection of the science.

"The discovery and the preparation of medicaments chemically pure is the glory of our age, of that age always in quest of progress and of liberty; of that age so nobly human, which seeks without ceasing for new conquests from the infinite unknown, drawing every day a little higher the veil which hides it, and which comprehends in fine that fraternity is a divine law, that humanity should be the last end of the law, of the science and of the art.

"There can be no good therapeutics without pure remedies. Dosimetry has been given the mission of promulgating the pure and exact remedy. A compound medicament is a therapeutic and pharmacologic absurdity, a dangerous weapon.

"When dealing with active and toxic substances, the administration of a compound remedy in massive doses is a

crime. The discovery of the medicamental principles of plants, and official drugs has opened a field of research, new and vast. Their study has rendered more certain the practice of medicine, making it a duty to reject every ill-defined or doubtful medicament. Dosimetry was born of the need of certainty, of light and of science. To this it is necessary to add the view, exaggerated perhaps even to injustice, of the uncertainty of the ordinary medical methods and practice, which paralyze the best spirits, tarnishing the honor of the profession and destroying the public's confidence in medicine and in physicians.

"Dosimetry, in rediscovering the true road of science, has reestablished the art in its place, and revived the patient's faith in the physician.

"The importance of always possessing therapeutic modifiers, sure and exact in their action, is immense; with the condition that those who know their properties adopt them in good faith.

"The dosimetric preparations are all simple in principle, whilst all ordinary vegetable preparations are more or less compound; some are of known composition, others are known only in part, all are ill-defined.

"The essential and prominent characteristics of the remedies which we employ are as follows:

(1) Their chemical purity. They are the product of houses deservedly trusted, they are prepared according to the rules of chemistry, and possess their own characteristics, easy to comprehend even to persons not physicians. Chemical purity appears as a precious characteristic, if one reflects on the innumerable frauds which the continually increasing audacity and the fierce greed for gain have perpetrated in dealing with medicinal substances.

(2) The mathematic dosage. Every granule represents a ponderable unit always the same, so that the physician knows at all times with certainty the quantity of medicament or of the medicaments if there are several which his patient has taken. Besides, for all medicaments of the same series the unity is the same, so that each granule finds itself so defined either as to itself or in regard to others that all the successive doses can thus easily be compared with themselves, and with the first dose, with mathematic vigor. This precise dosage is almost impossible with the ordinary pharmaceutic forms, such as pills, solutions and syrups, on account of their unequal division and the enormous differences represented by their ordinary measures, drops, spoonfuls or cups. All the liquid pharmaceutic forms, on account of the evaporation of the menstruum which cannot be avoided, become markedly inexact in time, so that a dose of the medicament is no longer the same as at the time of its preparation. Hence comes ignorance of the true proportion in which the active medicament is found therein.

(3) Their inalterability. The art of manufacturing granules has been so perfected that, besides their purity and their accurate dosage the complete preservation of the active principle is maintained; a very great advantage if one reflects on the delicacy of the composition of the alkaloids, and on the ease with which they are decomposed when in the form of solution, powders or pills; so that one does wrong in not giving preference to the perfected form of the dosimetric granule. It is certainly unnecessary to speak of the facility with which the granule form of medicine may be administered to patients at all ages, and especially during infancy. Children look with repugnance on bulky doses, and with few exceptions with disgust on all galenic medicaments.

"The facility of agreeable administration, and the ease with which the stomach tolerates the granule, are of great importance in cases of grave maladies, long continued, in which it is necessary

to guard against increasing the disgust induced by complicated treatment, the anxiety, ennui, sadness, and anguish of the patient. The granule form renders easy and even agreeable the administration of any remedy whatsoever, in dealing with patients easily disgusted and delicate. This also applies to unwilling patients, feeble or nervous, to women, to children, to neuropathics, to the deranged, to all those who have long suffered from doses abundant or repugnant, of remedies undigested or disturbing; until they have no more faith in ordinary medicines and do not wish to try any new one, their stomachs ruined, enervated and disgusted, and their spirit depressed by long suffering, rejecting any new torment as a new deception. For the miserable beings reduced to such conditions, dosimetry is more than a happy chance. They accept its therapeutics as a benediction, their hope is renewed; and as this hope is not deceived it is transformed into confidence.

Besides the other services the dosimetric school has rendered humanity there is in it this one further utility—the facility and the certainty with which the dosimetric granules permit any physician to prepare according to the needs of his patient, extemporaneous solutions at the bedside.

"It is very different with the plants and medicinal herbs, and their pharmaceutic preparations. We know that their composition is complex, that they contain principles different and unlike, with diverse affinities, many times even antagonistic; forming compound medicaments of doubtful agents, of uncertain properties, with effects inconstant and variable to the point that no physician can utilize them with entire confidence of securing the true and only effect which he desires to obtain. This is why in the history of all compound medicaments we find profound and radical opposition between one author and another, between one experimenter and another. So great is the contradiction, the masters hold opinions so different, that the young physician does not know where to find a guide to conduct his inexperience through the inexplicable labyrinth of the art.

"With medicaments pure and simple, all on the contrary is light and certainty. When one experiments with physiologic doses, which always produce pharmacologic effects constant and always similar, in such a way that if any experimenter whatsoever knows how to apply scientifically these simple modifiers, he will never be contradicted by his confreres, who have employed the same substance, chemically pure and mathematically dosed.

"To the disadvantages inherent in the nature of compound medicaments are added other inconveniences on account of circumstances which augment the uncertainty and the doubt as to their properties. For example, a plant may be wild or cultivated, gathered in a season more or less favorable, produced in different soils, it may be fresh or dry, grown in the shade and in a dry place or on the contrary in the sun and in a moist place. It may be properly or improperly preserved; it may be of this year or many years old; without speaking of the negligence, the ignorance or the fraud of those who gather and who prepare it.

"These circumstances, and others of less importance of which we need not speak, are reasons why a plant and its preparations may differ absolutely from similar preparations in other cases, to the extent of being very active and even toxic at times, at others in the same dosage very feeble and almost inactive, or totally devoid of any activity whatsoever. The importance of this truth, which only ignorance or bad faith can deny, seems to us so great and so dangerous to be ignored, that we have adopted as an absolute, therapeutic law and as the first principle, the constant employment of pure remedies in all cases, and the proscription of compound medicaments at all times. If in truth this last

method is scientific, the other is only empiric.

"A plant and its pharmaceutic preparations, according as it is found in the wild places or has been cultivated, present certain differences in its power, its activity, its energy which has been demonstrated by experience. Reason tells us that a plant found in a suitable soil, growing in a climate propitious to its particular needs, will be more likely to develop its peculiar principles, while those that are cultivated become of little activity and even comestible, as with aconite.

"Every medicamentous plant has the need to develop its specific property in suitable habitations. Some grow in open places, others in the valley, at certain heights above the sea-level, and it goes without saying that when they are found in the region and soil most convenient to them, or when on the contrary they are grown under bad conditions, their properties will present great differences. These differences need not surprise us, when we reflect on the diversity or the oppositions of the hygrometric states in different regions, and the great role played by water in the development and functionation of life with vegetables.

"The time at which the plant is gathered is also very important, and for each should therefore be chosen with great care; when this is done at an improper time, too soon or too late, the properties and the energies of the plant will be quite different from that of specimens gathered at the proper time.

It is not always possible to know all of these circumstances, and today even the most conscientious pharmacist will be obliged to rely upon the collectors or even upon the merchants who sell the plant. All certainty therefore is wanting upon this point by the pharmacist and the physician, and the errors which result therefrom in ordinary therapeutics, are by no means rare, for we have always to fear either excessive energy or feebleness of action of medicaments, and we rarely encounter in them the precise degree of activity that we desire. The cultivation of medicinal plants requires many studies, many cares, many precautions, without which it is impossible to obtain the best results. Add to this the extreme facility with which all herbaceous substances, roots, rhizomes, leaves, flowers, deteriorate; and the unnumerable chances for decomposition, of their preparations, preserved in the shops during a period more or less lengthy, which is also the cause of uncertainty in their conditions.

De Bout remarked that in many plants the active principle was altered and destroyed by their pharmaceutic preparation. Burggraeve said: "There is not a therapeutic agent excepting the active principle which represents the original plant in all its values." The delicate or complicated official operations through which medicinal plants are passed are such that many times they alter the active principle, thus adding to the uncertainty.

"Admitting for argument's sake the perfect preservation of the medicinal plant, one cannot deny that in that official preparations, we ignore usually if not always the content and the relative proportion of the active principles of the plant. In fact, these active principles are not produced proportionately to the weight of the medical plant. This is not only true of exotic and for indigenous plants as compared with each other, but even the plants of the same country and the same region, in which the proportion of active principles is subject to great variation, absolute and relative. In opium for example, the proportion of morphine varies from ¼ to ½. What can we say as to the other alkaloids of opium if so great uncertainty reigns in the proportion of the most prominent and most powerful, that which repre-

sents almost altogether the activity of the drug?

"In dealing with very active agents, the question of this relative proportion is very difficult, consequently their action upon different organisms in different cases varies more or less, and one is unable to foresee what their action will be. It is necessary to avoid their accumulation and the grave disorders resulting therefrom, in the employment of the different principles of the complex materia medica, and daily therapeutics finds itself thus exposed to immense and cruel deceptions. Such is the situation which results not only from the complex composition of the agents furnished by the pharmacist, for use in the daily practice of ordinary therapeutics, but also from the insurmountable ignorance in which we are held as to the proportions of the principles contained in the medicinal plants and their preparations. Whenever a medicament is composite its employment is uncertain, its effects upon the patient are uncertain unstable, little sure but equivocal, many times even dangerous, and its use in some cases is capable of producing poisoning."

The secondary principles of medicinal plants are as a rule illdefined and their properties little known. To these disadvantages it is necessary to add new subjects of fear, resulting from the ignorance, design or fraud of those who collect and sell them to pharmacists, since pharmacists who actually cultivate plants themselves are rare.

All this uncertainty is done away with by the employment of the pure active principle. Burggraeve advanced the following propositions, on the authority of Kluyskens;

(1). Mixtures often contain substances that do not form composition of uniform consistence.

(2) Mixtures may contain substances which decompose, changing and destroying their properties.

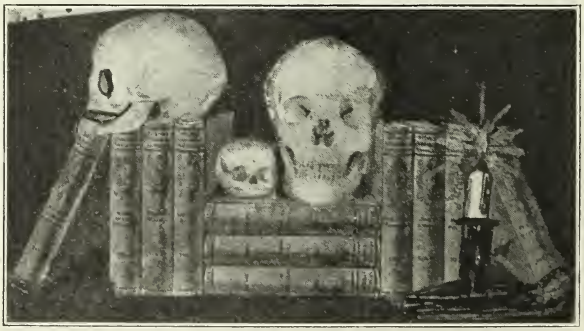
(3) The necessity of masking certain physical properties of medicaments often causes one to add substances injurious or inert, indigestible and causing distress.

(4) Many times two salts in solution contain elements capable of forming a soluble or insoluble salt, decomposing strongly when they come together.

(5) Methods employed for the preparation of medicaments are either incapable of fulfilling the desired need, or destroy the properties of certain substances.

(6) Strong doses produce effects rather local than general.

For these reasons Burggraeve adds: "The surest way in therapeutics is to hold to simple principles, and to shun as much as possible complex and compound medicines.



THREE AGES OF MAN.—Drawn by Grace M. Norris, M. D.

PHYSIC IN YE OLDEN TIME.

By D. L. Field, M. D., Jeffersonville, Indiana.

Herodotus observes that it was a custom among the Assyrians, to expose their sick to the view of passers by, in order to learn of them whether they had ever been afflicted by a "like distemper" and by what remedies they were cured.

The custom finally, was, for all passers who had been healed, to put up a tablet in the temple of Aesculapius, wherein they gave an account of the remedies that had restored them to health. The celebrated physicians caused all such inscriptions to be copied, and derived great advantage from them.

Physic was, even in the time of the Trojan war, in great use and esteem. Aesculapius, who flourished at that time, is considered the originator of the art, and brought it to great perfection, for that time. He was celebrated for his knowledge of botany, his skill in medical preparations, and surgery. In these times there was no division of the science into several branches, but all were included in one profession. There were no specialists.

The two sons of Aesculapius were brave officers, and skillful physicians. Alexander and Achilles thought it not beneath a general, to possess a knowledge of medicine. Botanical preparations were the only ones used in those times. Apollo instructed some in the art. Pliny says: "The science was neglected and lost after the Trojan war, and was not revived till after the Poloponessian war, and it was Hippocrates who revived it. He restored it to great honor and credit."

While such is true as to Greece, yet the Persians always cultivated the art, and constantly employed it. The great Cyrus never failed to take a number of physicians along with him in the army. He was the first in history, to appoint surgeons in the army. He rewarded them liberally, and treated them with the highest respect. His son, Cambyses, followed his father's example. However, it remained for Hippocrates to bring the science to the highest perfection; and his works, so voluminous, and able, are held in great esteem even to this day.

Though great discoveries and improvements have been made since his day, yet he is still looked upon by the ablest physicians, as the first, and chief master of the art, and as the person whose writings have been the study of those who have distinguished themselves as physicians. However, since the days of Hippocrates, there have been men who have never so much as heard of the father of medicine; and such are practicing medicine! In the language of of Holy Writ, it says: "The skill of the Physician shall lift up his head: and in the sight of great men, he shall be in admiration."

History tells, that Darius, King of Persia, fell from his horse, while hunting, and wrenched his ankle very badly, "and put his heel out of joint." The Egyptians were then supposed to have the most skillful physicians, and for that reason, the king had several of them constantly at his court. They undertook to cure him; but "they were so awkward in handling and treating the king's foot, that they put him to incredible pain; so that he passed seven days and nights without sleep." Democedes, a very able physician was summoned from Sardis. "He was brought to the king, with irons on, as he was actually a prisoner." The king asked him "if he had any knowledge of physic"? Being in very mean apparel, and bound, he presented a sorry appearance. The first thing he did was to apply hot fomentations; and "this had a speedy effect, as the king recovered his sleep." In a few days, he was well. To recompense him, the king presented him

with two pairs of golden chains; and healing others of the royal household, he was rewarded even to riches. Afterwards, he went to an island between Attica and Peloponnesus, where he made many remarkable cures; the inhabitants placing him on a pension of a talent, annually. A talent was equal to $1100. Sometime after, he went to Athens, where they augmented his pension to $1466.00. Later, he received $2200. Democedes was such a celebrated physician, that instead of being a prisoner, he ate at the table of kings.

The plague making dreadful ravages in Persia, Artaxerxes, being informed of the great skill and knowledge of Hippocrates, caused his governors to write him a letter, in which the king made the most advantageous offers, setting no bounds to his rewards. However, all the glitter of the Persian riches, and dignities, were not able to tempt him. Hippocrates sent word that he was free from any wants or desires; that his cares were due to his fellow-citizens and countrymen of Greece. Kings are not used to denials and Artaxerxes flew into a violent rage, and sent to the city of Cos, comanding those he sent, to deliver to the king, the "insolent wretch, in order that he might be brought to condign punishment, and threatening, if he refused to come, to lay waste their city and island in such a manner, that not the least foothold of it should be left." However, the inhabitants of Cos were not in the least alarmed, and answered that they would not give up Hippocrates, and that the menaces of Darius, and Xerxes, had not been able to prevail against them, and that Artaxerxes threats would prove equally impotent; that let what might be the consequences, they would never give up their great physician.

He went to Athens, and did not leave till the plague was removed; and he sent those he had instructed as to the treatment, to all parts of Greece, to cure the sick. Hippocrates was rewarded with a crown of gold valued at $3,500.

(To be continued.)

PNEUMONIA .

By Herman Schmidt, M. D. Vandalia, Illinois.

Some time ago I read an article stating that a physician had treated 100 cases of pneumonia with only 2 deaths; his treatment was chloral hydrate. Thinking that this record beat mine considerably, I thought I would try it. I had no sooner made up my mind to try it, when an epidemic of pneumonia made its appearance and I probably had more cases of pneumonia than I ever had before. I had 72 cases of pneumonia and out of all of these I never lost a case. I gave chloral 5 to 8 grs., mixed in water and sweetened, every 3 hours while patient was awake; in this way he would get about enough during the day to keep him sleeping during the night. Bartholow says any patient with pneumonia who loses 48 hours sleep will die. Chloral stops this chance, chloral also throws the blood to the periphery away from the lungs. I had some very severe cases, and all were apparently better after 24 hours of chloral treatment. The originator of this treatment combined strychnine, giving it 1½ hrs. from chloral while awake, so did I. Upon your return you are always informed patient is better, he rested well. In giving it only while awake there is no danger, but give him enough to keep him quiet and asleep at least 12 hrs. out of 24. Treat other symptoms as they arise and have plenty fresh air in the room. I am satisfied chloral does not shorten the course of pneumonia, but they get well. Chloral has also been recommended in typhoid and scarlet fevers.

THIRTEEN UNCANNY TALES

V—THE VOICE OF CONSCIENCE

By GRACE M. NORRIS, M. D.

An aged man, my fellow passenger on a trip South, related to me the following tale, as we sat on deck, on a warm autumn evening, while the boat tossed and rocked on the tumultous billows of the Hatteras. The wind came in fitful breaths upon the ship, mingled with the murmur of the surf. Soon the wind died away altogether and nothing was heard beyond the idle splash of the water against the steamer's side and the far off incessant sounds of the conflict between the waves of the Atlantic and the shoals.

With an intensely interesting expression, my acquaintance told the story:

The first snow was falling around a small house at some distance from the village, on a cold evening in the early part of the winter, half a century ago. The home was built in real New Hampshire style and looked like a huge, square, wooden box, without porch, portico, or foundation, or anything to connect it with the earth, set down on a field of rocks and stones. In the dark you would have thought it to be a barn in the midst of a very populous barn-yard, the boulders representing cattle, sheep, pigs and innumerable chickens.

A few firs grew among the stones — tall, rugged-looking specimens with upper leaves and twigs whipped off by the severe winds and their denuded ends protruding. While under their dense lower boughs clumps of syringa bushes were sheltered from the cutting mountain blasts. Standing close around the house like a body-guard from the encroaching storms stood an orchard of apple trees, twisted, gnarled and broken, and clothed in a uniform of gray moss.

Enclosing this twenty acre farm on which the house stood there was a deep, dry gully filled with remarkable geological formations, remarkable in that they had been shaped into many curious forms, independent of the hand of man. The waves of an ancient sea which covered the region in the prehistoric ages fashioned the stones producing resemblances to different objects.

There were stone balls varying in size from a marble to a cannon ball, many of them as round and smooth as those cut for the great guns of a man-of-war. There were stone dinner plates, as thin as the dishes displayed in a china store and nearly as perfect in shape; sometimes these were found in piles two or three feet high, as though arranged by human agency. There were stone flowers, stone dumb bells, stone bottles, stone chairs and even resemblances to birds and animals had been discovered.

The house looked like a huge square wooden box.

The dwelling was thus placed on an island

with the dry bed of a stream separating it from the surrounding land. A bridge connected the place with the road and to the right was a dense forest, the bleakest spot of all New England, through which the highway led, but it was a road seldom frequented.

A widow, Mrs. Morrison, dwelt here and on this dreary evening was sitting with her children before their hearth, which was filled with drift wood of the mountain stream, dry cones and knots of the pine, and the splintered ruins of great trees from the nearby woods. They were apparently obvious to the cheerless surroundings and the fitful fury of the winter blast, as it hurled downward great flakes or snow. Without, the gathering night was dark and dreary. As hours passed, deeper and deeper settled the darkness, while the sleet made an incessant pattering against the window. The wind shrieked, moaned, and sent whatever shrubbery was near the house scraping along the clapboards, while the branches of an evergreen beat a weird tatoo around the humble house.

Suddenly came a knock which caused an exclamation of surprise, as she went to the door at the prospect of a caller on such a bleak night. The dreary blast heralded the approach of the traveler at the step and then went moaning away as the woman opened the door.

A boy of about seventeen stood without, and asked permission to enter and warm himself as he was chilled to the bone. The woman's son, Charles, took the reins from the youth's stiffened fingers, and attended to the comfort of the beast. The daughter prepared a pot of coffee, and the mother assisted the stranger in removing his overcoat. Everything that kindness could suggest was done and when he had become in a measure comfortable, questions as to his inducement to travel, etc., were asked him with a simplicity, which appealed to the young man rather than gave offense.

A riderless horse was found at the next tavern

He was moved by the hospitality shown him and did not hesitate to tell them frankly all about his affairs. His name was Albert DeVoe, the only son of a wealthy widow. He was now on his way to Maine, taking a large sum of money from his mother in Boston to his aunt, who was in needy circumstances on account of the death of her husband and the destruction of her building by fire. The stage routes were impassable from the deep snow, and he intended as the need was urgent to perform the journey on horseback.

He had stopped at the village tavern below, having determined to spend the night there, but as he imprudently mentioned the money he carried before several loiterers in the bar-room, the landlord privately advised, even urged his riding on as fast as possible, that he might not be obliged to travel the next day with those who had heard his indiscreet words, and that while they supposed him asleep he might be on his way far from them and possible danger. DeVoe was still cold and his horse fatigued, but the landlord supplied him with another and sped him onward.

The deep snow of the road was entirely untrodden, therefore he had ridden slowly and become chilled. Thinking it better to risk the danger of delay and of being overtaken in the morning than to become sleepy and fall from his horse to certain death by the roadside, he concluded to stop and warm himself by their fireside,

before he entered the forest, through which the road now led.

The little family had listened breathlessly and for sometime the silence was unbroken until Mary said with a shiver, "My, it's a lonely road. People say,—" "Hush, dear," said her mother, "don't repeat those idle tales. No sensible person, such as our guest would believe them, for remember when he is riding through the woods alone there might come unpleasant feelings."

Albert DeVoe asked for pen and paper to write a few lines to his mother, and Charles promised to take the letter to the village post-office next day.

"I will not lose what is perhaps my last chance of letting her hear from me," said Albert.

When he had finished the note he insisted upon continuing his journey and they did not urge him very strongly to remain, trusting to the wisdom of the tavern keeper. Charles Morrison brought his horse, and he bid them farewell and as he mounted, the night wind came sweeping down the valley with strange, unearthly sounds. Charles accompanied him to the entrance of the wood and Mary called after him, "ride fast."

When Charles returned, they talked until late, of their admiration of the young stranger and their sympathy for him. Mary's mind dwelt on the poor youth hastened onward over that wild, lonely road through the winter's night, haunted by a dreadful fear.

Early next morning, Charles Morrison stopped on his way to school to inquire of the landlord concerning the stranger who had so interested them. He learned with joy that the horse which DeVoe had promised to leave at the next tavern, had been found there and brought home, thus making it almost certain that he had escaped danger, at least for that night.

No one at the tavern, however, had seen the boy, but it was probable that he had feared to enter and after leaving the horse by the stable, had sought shelter at some farmer's dwelling. He would be likely to continue to do so, for a day or two to avoid observation.

The landlord, who feared losing custom if he showed suspicion of his guests, with an oath said young DeVoe was a fool and could not keep a thing to himself and now he must go and betray the friend who, out of prudence for him, had risked getting into trouble himself. He said he was positive that none of his guests paid any attention to the young man's talk or cared how much coin he sported, but thought best to send him on, as the boy himself had told his business before the strangers.

But when he had an opportunity he told Charles quietly, that he felt a little uneasy when he saw a rough looking man glaring at young DeVoe several times, and "just for a bluff," after he had sent the young man away, he took occasion to say at the supper table, that the poor fellow had fallen asleep on his bed without undressing. He noticed that the suspected man's attention was attracted. Soon after he had missed him and learned that he had been to the stables and had been told of DeVoe's departure. When the fellow returned to the bar-room, he said

He fell back insensible

he felt so refreshed by the supper that after a glass or two, believed he would ride on.

"At his sudden conclusion I felt alarmed for the boy, but I had no authority to impede his progress and no grounds for suspicion only what I saw, and as I am obliged to depend on my living from the public, and mind my own affairs, there was nothing for me to do. That man spent the night at the next tavern and DeVoe left my house all right."

Charles ran home high hearted with the news, and the family felt relieved. "If he only don't dog him and catch up with him yet," said the widow.

A few weeks later two men came to the village and inquired about a young man called Albert DeVoe, who had left home on a journey into the interior of Maine and of whom last news came from that village. They could trace him no farther and were obliged after a fruitless search to return to his sorrowing parent without any clue to the mystery of her son's disappearance. Neither could they discover anything about the suspected stranger, except that he had gone quietly through several villages on his way to Canada.

The landlord felt grieved over the boy. He felt that he had lost his way and perished with cold. The widow's family would not believe that he could meet a fate so hard and thought him ill in some out of the way place.

The winter passed away and the matter was still a mystery. The deep snows of an old time New England winter lingered till late in the spring in the wood near Mrs. Morrison's home. It was totally unfrequented, as it was believed to be haunted by a murdered woman whose cry of agony still resounded through the gloomy depths.

The village tavern as it is now.

Charles, however, was free from superstition and he often roamed through it in search of game. He was out with his gun one day in June, when attracted by the screams of a flock of crows, hovering over a deep chasm called "Witch's Den," he approached the wild, rocky spot and looking down saw lying among the loose stones and brush, a human skeleton. On the head were a few strands of golden hair; another glance and he turned sickened and grief-stricken as he recognized the locks and hastened to the village to direct the officers of the town to the place.

A rifled pocket-book with the name of Mrs. V. K. DeVoe upon it, left no doubt of the identity of the body. A fractured skull and a hatchet lying beside him made it almost certain that he had been murdered. Yes, murdered almost in pistol shot from the widow's cottage, so that death had been waiting for him just outside of its hospitable door. Charles and Mary remembered how his last words had been of his unwillingness to leave them, as if his intuition told him that the sighing blast of the night wind was the requiem of his doom.

Many years passed. Charles Morrison became a lawyer, married and located in the village. Mary also entered the matrimonial state and went to a distant town and the landlord still presided over the old tavern on the western turn-pike. It was November. Again the snow fell in dreary masses, and pattered like hail against the window of the

house among the boulders and the wind sighed among the branches of the pine trees.

There came a knock at the door of Chas. Morrison's home and his mother, saying it reminded her of poor Albert's knock, sent one of her grand-children to open the door. The hostler from the tavern said the landlord wished to see the squire imediately. His coat and hat were on in a minute and he followed the messenger to the rig, who drove away as rapidly as possible. The landlord was awaiting him in a private room and told the lawyer the man whom he could not help suspecting to be DeVoe's murderer, had arrived and taken a room for the night. He told Charles he regretted that they had no direct evidence to cause his arrest but he felt sure this man was the guilty party. However, he believed they might secure his conviction and perhaps confession, by pretension and using an old superstitious test. He had sent word to several prominent men and the constable of the village to be witnesses of the demonstration.

Supper was not yet ready and though the stranger was very hungry and impatient the landlord hoped to detain it long enough for the others to arrive. As each came he was informed of the suspicions the landlord had arrived at, and then they went into the bar-room as if accidentally. Charles entered the room and stamped the snow from his boots and drew near the blazing fire-place beside which sat a stout, full faced man of dark and savage aspect, gloomily playing with the tongs.

"Cold, stormy night," said Charles.

"Yes," answered the traveler.

"And the darkness of the night and the moan of the wind makes one have strange fancies, and look on the gloomy side."

"More cause for shutting up about it," was the surly reply.

Half a dozen men were now assembled and seated round the fire. Charles led the conversation to a natural topic on such a night, when the driving storm without, seemed like infernal revels of the witches of olden times. There were some present who still believed in them and this led by apparently natural transition to ghosts and to haunted places. At this point several men unanimously agreed.

The fact was, they were born in Germany and had passed their boyhood in a country where ghosts particularly abounded, and believed in the supernatural as deeply as they did religion. Soon, local places were discussed and among them the Morrison's woods was mentioned. The sullen stranger seemed displeased with this turn in the conversation and for the first time opened his lips to protest with an oath, his disbelief in ghosts.

"Stranger," said Charles, "you will not find many people about here to agree with you in your belief. Many a person who has been along the wood road after dark, has heard what they dare not talk about in a lonely place—neither can they disbelieve. I have not heard it, those who have are here to speak for themselves."

"Now, let's cut out this kind of talk," said the stranger as he noticed Justice Grimm flourish his red bandanna preparatory to a discourse on his favorite topic.

Grimm would not be silenced and began in a weak, trembling voice, "I have heard it, and since Neighbor Krawl goes home my way and I'll have company, I don't mind telling you about it, though I think it no shame to be prudent." The justice had been born near the Hartz Mountains of the Fatherland and been brought up in an implicit belief in ghosts and goblins.

"About what?" said the stranger fiercely.

"Well, I had to come through the woods that night and I was determined to close my ears to every sound, but I

was not more than half way across when it came and I trembled like a leaf. It was the most dreadful cry."

"I don't say who, but it was a boy's moan or voice that sounded as if it gurgled through blood. Ugh! It makes me shudder now."

Charles narrowly watched the stranger. For a moment he seemed almost paralyzed with dread. But he rallied, shook himself slightly as if to loosen the fetters of fear and asked sneeringly if that did not happen long ago in the days of old Cotton Mather, when such things were common.

"No," said the Justice, "I heard it myself, stranger, and not three weeks ago." Gloom again sank upon his brow and he remained silent. The conversation was resumed and the topic still discussed, the stranger seeming to listen with secret uneasiness and terror.

"Heaven is just," said Charles, "and that is why murder will out. The very stones would cry out or perhaps the bones of the murdered testify, as they really do according to the belief of the people here, when the murderer touches them."

"How so?" asked an accidental traveler, who was present.

"It is an old usage," replied Charles, "to make a knife and fork handle of a bone of the murdered person and to place them at every strange guest's place at the public inn. If the murderer should take them up, they will adhere to his hands and so convict him. Now our landlord here has such a knife and fork. I have been looking at them tonight; they have the death symbol—a skull and crossbones faintly traced on them. They have never convicted anyone yet."

"But they may," said the Justice, "for I have heard that the test has been often tried and found true."

"Well, I've no need to be afraid to touch them, thank God," said the traveler who had asked about them.

The gloomy stranger's face was hidden by his handkerchief which he pretended to be using.

"Supper is ready," screamed a shrill voice from the kitchen. All received a hearty invitation from the landlord to partake of it and all arose, but the stranger fell back again, for his knees refused to support him. He stooped to pick up his handkerchief and the others passed to the table before him. It would have been regarded by them as proof positive that he dared not undergo the test, being guilty—had he refused to come to the table, but he did not; he soon followed them and took the vacant seat. His hard, coarse features were pale and ghastly. His eyes rested with horrid fear on his knife and fork. They were common-looking enough; he saw no death's head. His color came back and he looked up boldly, but as his glance traveled around it met every eye keenly set upon him and there was a dead awful silence. He paled slowly before the fixed and suspicious gaze, but turning his eyes slowly away from its fascination he saw the faint tracery—the fatal symbols and he fell back insensible.

"It is the judgment of God," quoth Justice Grimm solemnly and a brother said, "Amen."

"No! It is the power of Conscience," replied the attorney, and meanwhile all were awestruck; no one thought of relieving the stranger.

At last they busied themselves in endeavoring to revive the senseless man. They partially succeeded; a shudder passed through the huge, stout frame and he opened his eyes. After silently staring for some minutes he suddenly started up, looked with bold defiance into every eye and though his face and limbs twitched convulsively he seemed to be recalling the force of his will. Pressing his hand for a moment over his ungovernable features he burst into a mocking laugh and seized the knife and fork. The instant his hands closed upon them, his whole frame subjected to such de-

moniacal twitchings and cortortions—so sudden, so irresistable as to suggest some terrible, exciting cause, as though the sufferer lay passive in the grasp of a messenger of darkness. It was a piteous and shocking spectacle, to see him lying in such a state, grinding his teeth as if he would crush them to powder—his features swollen, writhing, blackening, while his glaring eyes, gave his face a peculiarly horrible and fiendish expression—and his whole body rigid,while the hands were clenched as though they would never open again. The little assembly beheld all with blanched cheeks and quaking limbs. It was not over for an hour. Even after death the rigid hands could not be made to unclose and he was buried with those fearful tokens still grasped in his clenched hands. Village men said it was the "visitation of God."

The Coroner, a learned physician, heard the story and examined the dead man carefully. His verdict was: "Cause of death, epilepsy."

CEREBRO-SPINAL MENINGITIS

By R. B. Hopkins, M. D., Milton, Del.

As cases of cerebro-spinal meningitis seldom recover, the following case may be of interest:

Boy: aged eight, bright and very active; was taken with vague symptoms, headache, vomiting, and fever. The usual remedies were given, including doses of santonin under the supposition that intestinal parasites might be the cause of the disturbance.

The following day he lapsed into unconsciousness with decided opisthotonos. Making inquiry into the previous history, I learned that days previous, he had sustained several falls, one on pavement, another over a log. There were no bruises on the head to indicate fracture of skull or contusion of scalp.

The opisthotonos grew gradually worse the muscular contractions became so great and frequent, it required two attendants to keep patient from falling off the bed; temperature in axilla 102.5. Patient remained unconscious for eight days, with continuation of opisthotonos, the only respite being when patient was under the influence of morphine, or inhalation of chloroform.

The diagnosis was confirmed by Dr. G. D. Woodward, of Camden, N. J., and Dr. J. A. Hopkins, of Milton, Del.

Treatment: The alimentary canal was thoroughly cleaned by purgatives, also by rectal enema. Ice cap was placed on head, with hot water bottles to body and legs; at intervals ice was placed on spinal column. On the third day a cantharides plaster was applied from cervical vertebrae, the entire length of spine. Hypodermics of morphine, gr. 1-8 and atropine, gr. 1-300, were given at intervals sufficient to give patient some rest, usually morning and night. After using this several days we substituted: hyoscine hydrobromate, gr. 1-200, morphine hydrobromate, gr. 1-8 and cacticin gr. 1-8. Bromide of sodium and potassium were given in ten grain doses each, combined with chloral hydrate five grains, by the mouth. After the cantharides had thoroughly drawn, the seat of blister was covered with the following:

℞ Iodoform .....ʒi.
Cosmoline .....ʒ

Sig.: Applied night and morning. The bromides after six days were withdrawn and iodoform, gr. 1-100, given every hour. On the seventh day the opisthotonos began to subside and on the eighth, patient regained partial consciousness and the temperature returned to normal. On the twelfth, patient's mind clear, slight impairment of muscles of arms but no local paralyses.

The iodoform ointment was discontinued and iodoform given only internally, three times a day. On the fourteenth day, patient expressed himself as being very hungry and was given light nourishment. In conclusion will state, patient has made a complete recovery.

NAN

By Gordon G. Burdick, M. D., Chicago, Illinois

(Continued from Page 392 December Recorder)

THE POPULAR HERO.

While I had no clear idea as to why I had mixed in the election fracas, and was heartily ashamed of myself for letting my temper get the best of me, I found that my private opinion was not shared by the community. I had suddenly sprung into the lime light and found everyone talking about my prowess, while my acquaintance was sought by many who up to this time had looked upon me with indifference. I was asked to accompany the Boss to some of his conferences with his lieutenants and heard myself praised in no uncertain terms to his henchmen. I was told extraordinary stories of my bravery and the extent of the fight, I was the center of an admiring throng of young urchins, who watched their opportunity to feel of my biceps and used their arms to convey to others my marvelous development in this detail. I found that I was regarded fondly even by the women who smiled upon me when we met, until I really began to think that perhaps I had done something wonderful, until my head was getting rather too large for my hat.

I was the center of an admiring throng of young urchins

The Boss told me that I had earned any reasonable reward that was in his power to give, and asked me what I would like. This surprised me greatly as at this time I had no real conception of the rewards given in political preference, I believing, like most citizens that appointments were made upon their merits and not for work done in the ward, so I thanked him and said I did not want anything.

He looked surprised, and after regarding me as some freak for a minute, he blurted out, "Well, what in h— are you in politics for?"

"Say," I said candidly, "you can search me, I do not know."

The evident sincerity of the answer nonplused him for a minute, and after turning his cigar around in his mouth a few time, he remarked, "Well, you are green. But you are too good a man to let slip. How would an appointment to the County Hospital Staff suit you?"

"What's in it?" I asked.

"Well, you

will get plenty of experience."

"Say, John," I asked, "do you honestly think I need any more experience than I am getting? Haven't I a representative from all the nations of the earth with all their peculiar diseases? I am now working twenty hours a day, mostly for experience, do you think I should give the richest country in the world the other four hours?"

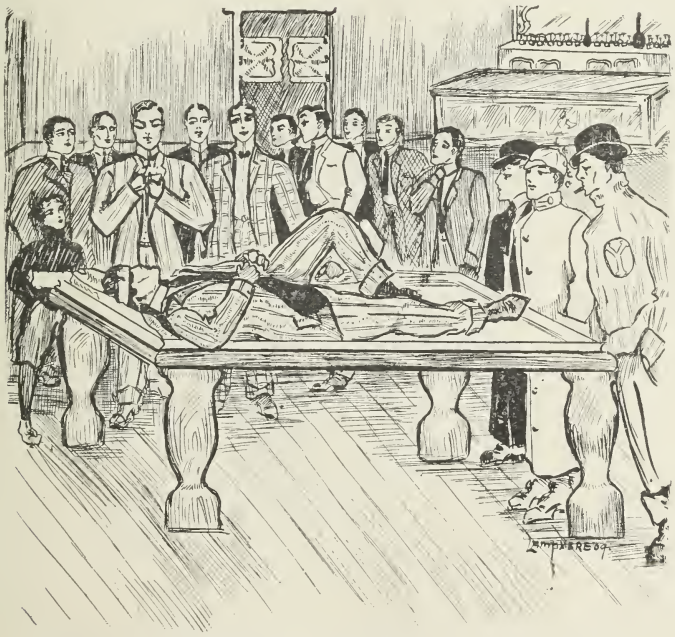
"Well, um, if that is the case I would not take it either, but there must be something in it, or so many doctors would not pay so much to get on the staff. What I offered you I can get a thousand dollars for any day."

"All right," I remarked, "take it. I may ask some favor of you, although I have no idea at present what it might be."

I went home thinking much about the devious ways of opening up opportunity through political pull, but not getting a clear idea in my head about the matter.

I found a message waiting me at home asking me to call up a certain number and when I did so I recognized the familiar voice of Uncle Jerry, the bookkeeper for the great G. & T. Company.

"Say, Doctor, I have been trying to get you all day, something important has happened. Our Boss learned that you gave the information out about the water steal and he is sore. He called Smith (the employment agent) in and gave him instructions to see that you did not butt into their business again. Smith asked him how far he was willing to go, and he said he would pay $100 if you were given a good licking, $500 if you were sent to the Hospital and $1000 if you went to the morgue, and he suggested Black Finnegan as the most likely person to do the work with neatness and dispatch. Now, Doctor, look out, as this fellow has done work for us before and it was only too satisfactory."



He had several large gashes in his head and one leg was broken

"Where did you hear this, Uncle?" I asked.

"I was within the vault when the Boss came in and as the conversation interested me I listened until he went out

of the room. It's straight, all right!''

''Thanks, Uncle, I will look out and I am under great obligations to you for the tip.''

Well, I was in a pretty kettle of fish and I did not like the matter a little bit. I was compelled to go at all hours and in the worst locations, and among strangers, and at the same time must look out and see that I was not slugged or killed. I knew this Black Finnegan only to well, a loud-mouthed, hard drinking son of Erin, who was possessed of only their hard hitting, and none of their good qualities. I knew he was the chief of the educational committee of some unions, and I had occasion a number of times to repair some mechanic who needed a primary course in union education and the work was well done. Of Finnegan proper I was unafraid, but he and his gang watching for you tirelessly week after week, and at all hours of the day and night, is apt to get on one's nerves, and I resolved to bring the thing to a focus, as I had gotten tired of walking in the middle of the street while making my night calls so I took a vacation of three days to regain my skill with my Colt revolver, and put the time in at a shooting gallery.

Just in time to see my patient raise up

I was determined that either he or I should pass in their chips, and when I was satisfied that I could not miss a mark if I tried to, I took up his trail; curiously enough, in some underground way the underworld had gotten wind of the feud, and I had many watchers looking for the gang, yet I tramped night and day for three weeks and did not once get sight of the people I was looking for, I was getting more nervous and vindictive all the time and was seriously thinking of paying a visit to the superintendent of the great G. & T. Company and having the thing out with him, when the unexpected happened.

I had just returned to the office after a five hour's hunt for the gang when I received a message to come to a certain saloon where a man was badly injured. I forgot all about the feud and laying aside my revolver, grabbed my satchel and started. Quite a crowd had collected around the injured man who had several large gashes in his head and one leg was broken. I worked quickly and had the man in good condition, when I turned suddenly, seeing Black Finnegan grinning at me and the victim of his methods.

The sight so enraged me that without thinking I flew at his throat, and got the proper hold upon the larynx with one hand, while I gathered his head in the crack of my right elbow and took a grape-vine hitch on one leg. The onslaught was so sudden and unexpected that I had him so he simply could not injure me in the least. His attempt to shake me off resulted in both of us losing our foothold and we went to the floor with a crash while his head struck the cement flagging with a sickening thud. Instinctively I knew he was good for the

hospital and I was just about to release him when I received a fearful kick that I later learned had fractured two ribs. I got up to face the new attack and just in time to see my patient raise up from the billiard table where he was lying and bring a cue down with a resounding crash on the head of my assailant fracturing his skull like an egg-shell. I was carried away with a very paroxysm of rage and sprang upon the fallen man effectually putting him beyond the power to harm anyone.

By this time I had lost all fear of consequence and seeing another member of the gang edging towards the door I sprang after him, but not in time to prevent him from escaping. The arrival of the police calmed the storm and I set to work looking over my antagonists trying to do what I could for them before they were taken to the hospital, as my professional instinct told me they would spend many a day in this institution, if they were lucky enough to keep out of the morgue, and while I was doing my best as a professional man to make them comfortable in walked the Big Boss who looked at me with staring eyes.

"What's up," he asked.

"Oh, nothing, only I have just put Black Finnegan out and a member of his gang who were hired to slug me."

"Who hired them?" he asked.

"The superintendent of the great G. & T. Company," I said.

"The h— you say! Come into the back room, I want to see you for a few minutes."

When I told him what I had learned his jaws snapped like a steel trap, and stepping to the telephone he called up the telephone company and asked for a certain individual. He was asked to come to his rooms immediately with several receivers to plug in on the main line to get evidence. He told the police to shut up and take the men to the hospital and we left them and went to the office.

Here the electrician skillfully placed several receivers on the telephone line and then the Boss called for the superintendent of the great G. & T. Company at his home, and by giving an excellent imitation of Finnegan's voice he announced that he had just sent me to the hospital with a broken leg and a smashed head and wanted his money. The superintendent bit like a bass and asked for the particulars which were given by the bogus Finnegan in a drunken voice. The bait worked and he was told to come tomorrow to Dolan's saloon at 10 a. m. for his money; at this Finnegan set up a roar and insisted on getting it tonight and after trying in vain to put it off, he reluctantly agreed to come down and meet him at Schmitt's saloon.

Quick work necessary and scouts and witnesses were posted in such a way as to view the entire transaction, and one of the henchmen represented himself as a member of the gang so as to meet the superintendent with the tale that Finnegan was so drunk and ugly that the police were obliged to take him away and he was delegated to get the swag. Mr. Man was very suspicious and would not pay the money but discussed the details so fully that we had the goods on him, and I have never seen a more crestfallen man than he, when he was confronted with the evidence that might send him to the gallows. He begged like the great coward he was, for mercy, while the Big Boss promised him a term in the pen for his share in the deal, and I went home secure in the idea that a last Justice would triumph. In this I was destined to disappointment as I was only learning the A. B. C's. of the political game, and as I subsequently learned, it resulted in an alliance between the Big Boss and the political power of the great G. T. & Company, of course, for mutual benefit.

I thought my troubles were over and I found my fame as a pugilist had

spread, and wonderful stories were told about my ability to give a good account of myself and you could have used my inflated ego as a billboard for some time afterwards, until it received an unexpected puncture. I had a visit from a short, squatty man who wanted to see me, and upon inquiring his business was told that he wanted to see the doctor who put Finnegan to sleep, and after inflating my chest somewhat I gently informed him that I was the party.

He looked surprised, and then gazed more closely at me, and after walking around me, viewing me at every angle, said with disgust, "Say, Doc, honest did you use chloroform on him?"

I flared up and had a strong inclination to resent the insult when he waved his hand majestically and remarked, "Ah, forget it, don't you know me?"

"No," I answered with considerable emphasis," and I want to remark that if you have lost any trouble you can find it here."

A smile broke out on his grave face and he handed me his card, and I knew I had the pleasure of meeting a man who had earned a world-wide reputation of a square sport. He was a fight promoter and was looking for material for a new pugilist. We had a long visit, and he asked how it was possible that I, with my build, had been able to put Finnegan out, one of the hardest hitting pugs in the country.

"Well, you know our go was not according to the Marquis of Queensbury rules," I said.

"Well, what rules did you fight on?" he asked.

"Just plain anatomical and physical rules," I said.

"I have never heard of them," he remarked.

"No, probably not, they only teach them in medical college but they are dandies if used right. For instance I learned in the dissecting room that a pug like any other human being, had to breathe through a very narrow slit, and I found by placing my fingers in a certain manner that the slit would disappear, and I learned that even a fighter can not fight without air in his lungs, so you see it is simple."

He looked dazed at the explanation but his respect increased considerably when I consented to demonstrate it to him. About ten seconds was sufficient to satisfy him on the point and we parted the best of friends, he telling me that I had better cut out the fighting game as I was not built for it, and that anyone with brains enough to devise such a scheme, ought to have enough to live in peace with the rest of the world.

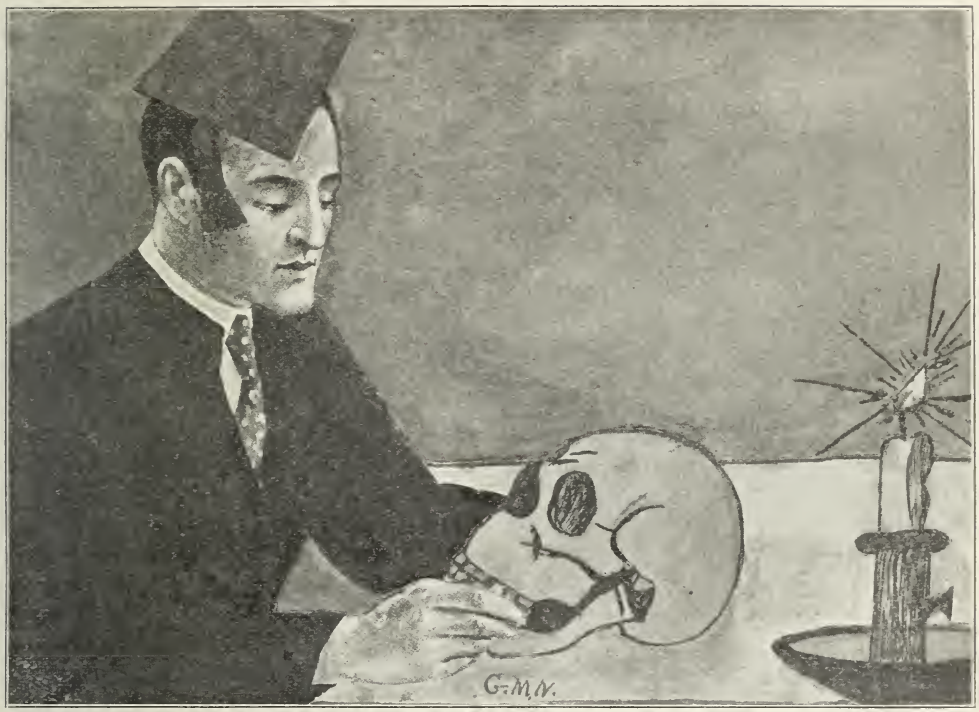
This man whom I had admired by reputation for many years said: "A man with brains should never fight. If the same amount of courage is used in facing an antagonist with the wits sharpened, they will invariably over-awe the muscle fighter and defeat him without a blow, a truism."

I later saw him demonstrate when he was surrounded with some angry pugs over one of his decisions as referee. He faced them courageously with an easy smile on his face while the pugs stormed around him without courage enough to strike.

I had been so busy with my own troubles that I had not had time to call at Aunt Mary's house for four weeks, and was considerably startled to receive an imperative demand from a girl she had taken in, to call without fail that night or I would be sorry.

(To be continued).

THE STUDENT TO HIS SKULL



ORIGINAL SKETCH BY GRACE M. NORRIS, M. D.

Lines by A. T. Baker, M. D.

I hold thee thus to ponder o'er, with busy brain,
Unmindful of that gone before, or joy or pain;
Yet love-lit eyes were these, perhaps with gift to please;
Or cold hauteur to freeze, with harsh disdain.

These rugged spiral chambers, now void and cold,
Have left no glittering embers, of vital mold;
Here fancy played her part, and here grew cultured art,
Ambition here did start, to gain and hold.

Lurked here the fruitful seeds of truth, in safe retreat,
Which gave the flight of genius's birth, as grand as fleet;
Now thou are but a measure, to tell of wisdom's treasure,
Regardless of that pleasure, long obsolete.

This tenement enclosed a soul, of lasting stuff,
That it immortal life enfold, seems strange enough;
This record brings to view, some data old and new,
Of footprints worn and few, on wall so rough.

Here conscience wakened, struggled on, with piteous care;
At last o'ercome, hath thither gone to realm more fair;
And avarice takes the reins, with glee o'er doubtful gains,
And selfish ease attains, for those who dare.

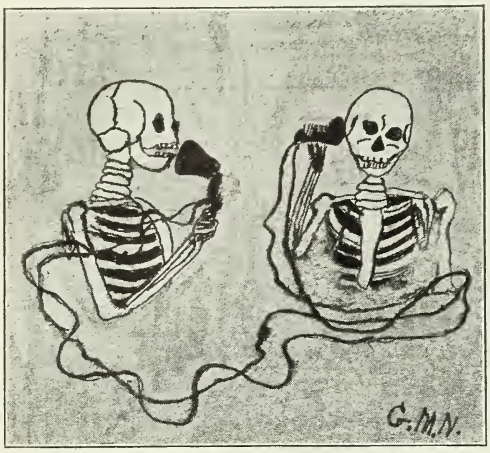
Thou polished skull are counterpart of this my own,
Where dreadful fancies often start and peace hath flown;
Propitious is thy use, in learning's way abstruse,
Annulling times abuse, thou helpful one.

I now behold thee, hapless one, and sadly brood,
Thou hast nor life nor magic spell, to cheer my mood;
For thy eternal part is safely set apart
From this dissolving dirt, as void of good.

Ah! blessed is that fleeting soul, when freed from earth,
To gain that bright immortal goal, and deemed of worth;
Bequeathing this poor clay to those yet doomed to stay
To labor by the way, at wisdom's birth.

THE SKELETON PAPERS

By Grace M. Norris, M. D., Richfield Springs, New York.



SYNOPSIS.

The supposition is that the parents of two skeletons, neighbors of the same town, migrated during the childhood of the latter, one family to the western part of the continent and the other to the eastern. Both reached their majority and became disciples of Aesculapius, and after years of devotion to the art of Hippocrates, on their demise were interred in the local cemetery of their native village. Their tombs being connected with a telephone line enables them to engage in conversations on various practical subjects. The first paper reports a conversation they had on the meeting of the International Medical Congress at Budapest.

I.—FAMOUS AMERICAN MEN OF MEDICINE.

(Continued from page 410, Dec. Number.)

First Skeleton: Do you know of the great assembly of medical men who attended the Medical Congress at Budapest, there were but a very few disappointed ones.

Second Skeleton: Yes, in every gathering there are always a few discontented persons, but to attend a meeting of physicians and surgeons of the world ought to more than compensate disappointed indivduals.

F. S.: The opening exercises were conducted on Sunday, August 29, with much pomp, but the Hungarian language is understood by so few outside of Hungary that the audience was not at all times in harmonious mental affinity with the speakers.

S. S.: Was the actual work on the following Monday a repetition of Sunday's program?

F. S.: In a measure, yes. There was much scurrying about and jostle incident to the constantly increasing tide of newcomers in the general assembly hall, each one trying to get his bearing, his badge and his armful of printed matter, and struggling through the crowd in search of someone who could speak his language and could tell him where his section was in session.

S. S.: But I presume in due time, however, all found what they sought and things quieted down to something like order?

F. S.: The program in each section offered a banquet of mental food of every sort.

S. S.: Yes, I dare say, from the highest to the heaviest and all for the most part full of substance and nutrition.

F. S.: But I am sure it was not the aggregation of papers that was sought so much as the pleasure and opportunity the occasion afforded of seeing and hearing the world's distinguished authors, teachers, scholars and professors in medical learning.

S. S.: What were the impressions of our American doctors regarding the congress?

F. S.: The jargon of tongues made it impossible for them to follow the program, but they realized that it was a great privilege to see the men whose teachings and writings they had so often came across.

S. S.: In what languages were the discussions carried on.

F. S.: I could not say with a degree of certainty, as so many nations were represented, but in one morning's session of the section opthalmology there were papers read in German, French, Hungarian, Italian and English.

S. S.: Well, if the practitioners could not understand all these tongues they could derive a great deal of satisfaction from sitting through the sessions when they had the privilege of seeing the great oculists.

F. S.: Yes, before them were Jessop, La Grange, Axenfeld, Sulzer, Kuhnt, Moray, Elschinc, Angellucci, Greef, Schmidt-Rimpler, De Lapersonne, Fkuala, Uhthoff, Meller, Eldridge-Green, MacCallan, Hess, Romer, Leber, Zurneppen, Darier, and many others of equal renown.

S. S.: Did the speakers hold the attention of the audience?

F. S.: Yes, in spite of the fact that few in the audience could understand all the languages spoken, the attention was profound, the hall quiet as a church and all seemed absorbed in the speaker.

S. S.: Were the same quietness and attention noted in all the sessions?

F. S.: In the Ear Section there was not the same profound and respectful silence as in the Eye Section, but the program was exceptional and the audience good at all times.

S. S.: What noted doctors were presented in that section?

F. S.: Politzer, Schwartz, Urbantschitsch, Alexander, Neumann, Lermoyer, Friedrich, Panse, Lake, Heiman, Hartmann, Gradiengo, Barany, Denker, Cheatle, Koenig, Jacques and many others.

F. S.: I suppose a great many Americans were in attendance at these sessions, and some of them had places on the program?

F. S.: Yes, one might meet the following in the crowd coming and going:

Dench, of New York; Pierce, of Chicago; Logan, of Kansas City; Braden Kyle, of Philadelphia; Bryant of New York; Reik, of Baltimore; Goldstein, of St. Louis; Hollinger, of Chicago; Kyle, of Indianapolis; Holmes, of Cincinnati; Richardson, of Washington, D. C.; Blake, of Boston; Weeks, of New York, Ryerson, of Toronto; Michie, of Memphis; Greiwe, of Cincinnati; Ingalls, of Chicago; MacEwen Smith, of Philadelphia; Mckearney, of New York; and by the register one could notice many others in other departments of medicine present.

S. S.: Did many of the physician's wives accompany them to Budapest?

F. S.: Prof. Emil DeGroz, General Secretary, in his able address mentioned that there were 900 ladies who had accompanied the members.

S. S.: Do you recall the number of medical representatives from each country?

F. S.: On the day Prof .DeGroz described the work of the organization of the Congress since its inception and reported of the members who had already signed the roll, that 274 delegates had been sent from various governments; 149 from various universities; 327 from municipalities and learned societies. The numbers of members from the following countries enrolled were as follows:

America (United States) 202; Argentine Republic, 373; Austria, 235; Belgium, 47; Bosnia, Herzgovina, 9; Brazil, 25; France, 281; Germany, 288; Great Britain and Ireland with the Dominions beyond the Seas (Dominion of Canada, 14; Australia, 1) 97; Greece, 19; Hungary, 1,436; Italy, 170; Japan, 48; Mexico, 3; Monaco, 2; Norway, 2; Netherlands, 33; Portugal, 32; Roumania, 10; Russia, 288; Servia, 7; Spain, 67; Sweden, 5; Switzerland, 29; Turkey, 22; Uruguay, 3.

S. S.: I presume the Government delegates made speeches?

F. S.: Yes, and they were pithy and to the point. Prof. Uhtoff replied for Germany; Ritter VonHuberler for Austria; Dr. F. W. Pany for Greater Britain; Prof. Bacelli for Italy; Prof. Kitasato for Japan; DeOtt for Russia; Prof. Zoeros Pasha for Turkey; Dr. J. H. Musser for the United States;

Dr. G. Sterling Ryerson and Dr. McPhedran were on the platform as representing Canada, while France was represented by Prof. Landouzy.

S. S.: I understand there are two medical clubs in Budapest apart from the medical societies of the city.

F. S.: Yes, there are two medical clubs for social purposes.

S. S.: What are the names?

F. S: The first is called the "Medical Club" and the second the "Medical Casino." The former is apparently the most staid of the two, and counts among its members most of the University professors and senior members of the profession. The latter is more especially the general practitioners club.

S. S.: The most treasured possession of the Casino is the Smmelweis Cup. It is a valuable relic.

F. S.: The cup, which is of oxidized silver set with amethysts and other stones and which stands about a foot in height, was subscribed for by members of the Casino some four years ago to perpetuate the memory of the great teacher of the infectiousness of puerperal fever.

S. S.: Is not a banquet held each year and this celebrated cup used?

F. S.: Yes. An annual banquet is held and the cup is emptied to the memory of some prominent member of the professsion who has died during the year. The chair is taken by one of the leading medical men in Budapest, who delivers an oration and whose name is then inscribed in the cup.

S. S.: Where will the next meeting of the congress be held?

F. S.: The next meeting will occur in 1913, will be held in London.

F. S.: All who attend an international congress appreciate the need of a language in common. Esperanto seems to be gaining favor. Small Esperanto dictionaries and vocabularies were distributed gratis at Budapest. The universal feeling seems to be that the papers should have been previously abstracted fully or published in full in translated form, and the program numbered, the numbers being pasted on the blackboard, so those who were not able to understand the language could read the paper or abstract in translated form, thus getting the full benefit of the course.

S. S.: There were doubtless the usual social functions to occupy the evening?

F. S.: Yes, such as soirees, musicales, excursions, theatre parties, dinners, banquets, lunches, visits to famous industries and local watering places and parks.

F. S.: Isn't there a monument to our first president in the city park in Hungary?

F. S.: Yes, it was erected to the memory of Gen. Geo. Washington by Hungarian citizens of the United States. The monument is a full life size, designed by Vignale. Washington is represented standing in a dignified pose with a serene expression of countenance. On the face of the pedestal is a full sized eagle in bronze with spread wings. The monument had cut flowers tied with wide silk ribbons in the red, white and blue; white cut palm leaves were tastily spread around its base.

S. S.: This must have been a pleasant sight to see 4000 miles from home.

F. S.: Budapest lies on the Danube and is a large and rapidly growing city. The Buda side is in the hills skirting the right branch of the river, and the Pest side on the left branch.

S. S.: When were the cities united?

F. S.: In 1872, and since then called Budapest.

S. S.: Was the weather lenient when Congress was in session?

F. S.: The weather was pleasant and everything seemed to conspire to make this meeting of the world's physicians an international success.

DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

CHRISTIAN SOCIALISM.

Some one has declared that the easiest thing to establish is a new form of religion. The more grotesque, impossible, and absurd it is the more readily are converts made. Why is it? What peculiar warp or twist in our mental make-up, makes it so easy to accept any kind of statement about religion, if it strikes our fancy, without question, when we are so prone to be skeptical and incredulous on all other subjects, except they appeal to our senses, judgment, or reason.

Great good has been done, and some of the foulest crimes and atrocities have been committed in the name of religion. It has made men and women heroic, has been a comfort to millions, and has been used as a cloak to cover crimes against humanity.

Our Puritan forebears fled from England and Ireland to Holland and thence to America to enjoy religious liberty, and to avoid and escape from religious persecution. After setting up their own religious establishment in the new world, they imemdiately refused to dissenters the religious freedom, which they had crossed the ocean and suffered hardships to secure. Such is the inconsistency of man. Religious bigotry and intolerance have made kings and unseated emperors, have destroyed empires and enslaved nations, have checked the march of civilization, and have reduced the people of rich and fertile countries to penury, slavery, and degredation.

Rulers, adventurers, and soldiers of fortune have exploited the human race for centuries for their own base uses and personal aggrandizement by playing upon man's religious beliefs, prejudices, superstitions, and worship instinct. Assuming that the desire to worship some form of deity, or symbol of power, is intuitive; on this foundation the religions of the world have been constructed. The entire superstructure has been devised and built by man. Their articles of faith, creeds, and forms of worship have grown and developed, and been modified, nullified, and changed to suit political conditions, to increase the power of a conqueror, and as a protest against debauchery and crime. The primitive and early races of men were imbued with fear and awed by the mysterious. Paganism further encouraged and developed the fear idea to strengthen the power of the pagen priesthood by prescribing appeals to angry gods, and sacrifices to appease their wrath naturally followed. This lead up to the whole scheme of rewards and punishments during life and after death now incorporated in the articles of faith of certain Christian sects, and other religions. These rewards and punishments have been modified from time to time by certain sects, as the old idea of an angry and offended deity has given way to a more sane idea of a loving deity. Vengeance and fear still cling to many creeds, as well as certain forms of fatalism, but in spite of certain changes brought about by the plain lessons of modern life, many Christian sects cling to the old articles of faith apparently believing that their age makes them infallible. The organization of new Christian sects is constantly going on, and Christian unity is apparently still an iridescent dream. With the history of religious organizations, and Christian sects, an open book, and the handiwork of man plainly apparent in all of them, it is strange indeed that with all their con-

tradictions and inconsistencies, the creeds and articles of faith are clung to so tenaciously. We are truly creatures of heredity, habit, and environment, when it comes to religious belief and practice, particularly if the special kind of religion, which appeals to us, bears the brand of authority, age, and is in vogue among the kind of people whom we admire or with whom we habitually associate. While in these latter days the vast majority of church members take their religion entirely on faith, and the churches are to all intents and purposes, especially in the cities, social organizations, yet these same members will engage in bitter controversies with church members holding different views on religious questions. The different sects cannot agree even upon fundamental truths of Christianity, and creeds, forms of worship, and church government cause such a difference of opinion, that any unanimity of belief, opinion, or action is impossible.

Even Constantine, when Christianity was struggling for its very existence, was not sure it was the religion best suited to his empire, or would best advance his political power. There is no inherent power in truth to triumph over error, and it is doubtful if Christianity would have survived and become an important world religion, if at the crucial time in its development, some rulers or leaders had not adopted it to further their political ambitions, and so given it a standing and influence, which it otherwise would not have secured. Constantine was a wily politician and was struggling to maintain the integrity of the western Roman empire over which he ruled. The beautiful story of his conversion of Christianity, and his vision of the cross with the motto, "In hoc signo vinces" was probably a pretty scheme to influence public sentiment. Constantine could not pick a winner, any more accurately than our modern politicians and statesmen and he compromised by permitting paganism and Christianity to exist in the empire on fairly equal terms. To force Christianity upon his people, who were largely pagan in belief, and composed of many tribes and nationalities, he would invite an attack from the pagan priesthood, their entourage, and the leaders, who were profiting by pagan worship, selling prophecies and working other kinds of graft; and on the other hand if he attempted to crush the Christians, their growing power and influence might destroy his power and empire. He therefore took a middle course to save his head and throne, and in order to justify his action he appealed to the fear of the mysterious and supernatural in this pagan people, and the love and veneration for the cross by the Christians, and invented this vision of the flaming cross in the sky, knowing well that signs and portents would impress and satisfy the superstitious and ignorant populace. It is also more than likely that the Christians had won over some of the leading men of the empire, and through their representations and promise of support Constantine was won over to adopt this clever political expedient. Expediency has ever been the watch-word of politicians since man has aspired to political power, and it is by no means impossible that Christianity owes its survival and existence to the political ambition of some Roman statesman.

As Christians increased in number and wealth, Christianity became an important political factor, and a great religio-political hierarchy was built up. In order to further enhance their power, and gain and hold their converts to the new faith, the priesthood and their associated rulers and leaders modified the pagan forms of worship, and instituted an elaborate scheme of rewards and punishments during life and after death. By impressing upon the ignorant and superstitious people, the power of the church over their lives in this world, and

their disposiion in the next, through fear of excommunication during life, and consignment to hell after death, the political power of the church became preeminent, and rulers and potentates as well as the common people became subservient and obedient to the church. It was necessary to make the power of the church a virile thing as society was in a chaotic state, might made right, and especially in medieval times, was it necessary to have some power, which stood for organization of society, protection of the weak and defenceless, of women and children, preservation of the traditions and literature of Christianity during the dark ages, and the revival of learning.

In time through the acquisition of too much political power, great abuses developed in the church, and the protestant movement created the modern Christian church represented by many sects with divers creeds, beliefs, articles of faith, and forms of worship.

The other religions of the world have developed in much the same way, modified by racial, climatic, and political conditions.

Among Christian nations the union of church and state is practically abolished, though the church and clergy of the Roman Catholic church in Spain and Portugal, exercise a great deal of influence in political affairs, and the priesthood of the Greek Church in Russia, are practically state officials, but in the three countries named there is freedom of religious opinion and practice.

Christian civilization should stand for the brotherhood of man, and the moral and social uplift of humanity, but as a Mohammedan teacher from India once remarked in a lecture in Chicago, "I find that all this talk about Christianity bringing about the brotherhood of man and making Christians love each other, is all parlor talk. You do not mean it. It is not to be taken seriously. You go on overreaching and defrauding each other, and degrading your fellow Christians." That is the meat of the matter in a nutshell. True, Christian nations lead in material prosperity and wealth, and much has been done by Christian nations in the way of education, hospitals, public institutions, and the like to help humanity en masse, but Christian teaching and action have not become the guide for the individual in life. To put it in another way, we are nominally Christians, but in practice act like freebooters and pirates in the battle of life, giving no quarter and asking none. It is a reversion to the middle ages with strong arm and a big club. If after more than a hundred years of national life as nominal Christians, but really wolves and pirates, Christianity has failed to drive that fundamental law of Christ, "to love your neighbor as yourself" into our hearts and souls and lives, then it has failed to accomplish its purpose. I am not referring to church members but to the whole body of American people. We are all Christians in an academic sense, but we hold our Christianity at arms length, and put it on and off (mostly off) like an old coat, and do not make it our rule of life.

We affect to dispise the religion of Japan, which is really not a religion at all, but a system of moral philosophy and ethics, but the Japanese accept it as their rule of life and are thoroughly consistent therein. I venture the opinion that if Christianity should ever become the state religion of Japan, that the Japanese will accept it as their guide to personal conduct. Although today Japan is a non-Christian nation, her moral sense is no better and no worse than Christian nations.

The Mohammedan believer is the most difficult to convert to to Christianity. Why? Because his religion requires right living, exemplary conduct, and touches and guides him in every department of life, and he considers a proper observance of the teachings of his re-

ligion as essential. Christians do not so believe and act, and yet we are sending missionaries to convert the heathen.

If God judges nations (I believe he does) like individuals, according to their ability, wisdom, and power, then Christian nations have much to answer for. National prestige, prosperity, and material wealth will turn to ashes if we do not as individuals have the love of God and man in our hearts, and make it the rule of our daily life.

That is the sort of socialism I stand for, a Christian socialism which will change the hearts of men, and a square deal and fair play will naturally follow. Until that time comes, let us not boast too much of our Christianity lest some nation, whom we in our ignorance seek to convert to Christianity, shall point the finger of scorn at us and truthfully denounce us as only hollow brass and tinkling cymbal.

Am I my brother's keeper? Yes. If you are not, you are not a Christian, and are worse than the heathen whom you try to convert to Christianity, the Christianity which you preach but fail to practice.

Even our great charities are largely perfunctory, cold, and unsympathetic, and many a weary soul has given up his life in despair, even after some cold blooded institution, or heartless philanthropist has given him bread and bed.

Get God in your hearts and he will shine in your lives.

F. F. Casseday, Ph. B. M. D.
Portland, Oregon.

THE WORLD LIVES.

In April, 1905, The Recorder published my paper "The World is a Life." Since then I followed this idea along the route of organized and established laws of scientific evidence in the specialized departments of experience. Will here unqualifiedly and unheasitatingly say: I know it is true. Indeed, will also fearlessly state: It is not within the means of man to question, much less doubt, this most simple of all known truths that comes upon the stage of man's present intelligence, measured by the modern lamp of his conscious soul of life as an effect, through which it alone becomes possible to trace his way back into the immortal home from whence came.

The conservation of energy gleaned by the light of modern science demonstrates that the universal power, energy, is never more or less than the conscious soul of man's life of created and organized effect. Not one man can find a flaw in the world's system of detailed facts that do not fade out in infinity measured by the light of his conscious soul of life as an effect. This again comes back out of eternity until it equals the conservation of life from cause to effect; and effect back to cause.

Action and reaction always end up opposite and equal in relation measured by the immortal unit of life. It is impossible to get something out of nothing. Man's life is an effect wherein all known things in the universe find the limit of system, law and truth measured by the conscious soul of his feeling so clear a conservation! I would be a coward of the first magnitude not to say: The immortal unit of cause must at least equal all this, otherwise the whole world problem ends up in the black night of annihilation that violates every law of organized common sense.

Indeed, it is more than certain, life is the one and only unit of truth that exists. All things else are merely related parts measured by the conservative light of God's soul of living truth that surely rules and guides the whole universe throughout eternity.

The stars of astronomers measured by Newton's law of gravitation everywhere end incomplete in the conservative power of God's soul to which God is limited. Later, Laplace formulated this phy-

sical law of truth up into the nebular hypothesis of the world's cause, measured by the light of his conscious soul of life as an effect. This was a real and great step of advance. Dalton folowed so close in his foot-steps, he clearly announced that the world's system of physical economy equals the theory of atomic weight measuerd by the light of his pure soul.

Dr. Mayer formulated the light of his soul down to conservation of energy that is never more or less than the physical cause. He even said: "Counfound man's language when it fails to interpret the simple wealth of words." Herbert Spencer even announced it all ends up in the "unknown," measured by the light of his great synthetic soul, the unit of which begins in worship.

To translate the conservation of energy gleaned from these great masters up into the word "soul" is merely borrowed capital on my part. Indeed, I know they were the real and ideal means by which it became possible for me to learn, it takes all the universal resources of one conservative power—energy—soul—to create man's life after the same immortal image of cause. "The Light must be the Life."

Measured by cold physics: If God's soul of living truths falls short in this conservation of energy limited by the light of one ideal soul of limit, then I will admit there is no God. When man can deny it does not take all the wealth of God's system of lawful truth to create man's life after the same image, I will also admit that the nervous system of man has no meaning. It does not equal the universal system of one conservation of motion carried in by the means of man's peripheral nervous system wherein man's life throbs vibrates, pulsates a related part therein throughout eternity, measured by the light of man's soul of life. This so equals the real and ideal function of the brain, that centrally again transmits the whole so equilibrated a conscious conservation of organized effect measured by the light of one soul. God just as surely created man after the same image as he lives and the world exists.

If God's soul of physical truth is not the limit of universal economy that rules and guides the world throughout eternity: then again will admit, I am the most guilty of all by striking this blow of translating the conservation of energy, that is never more or less than the great word soul, conscience, feeling, life, truth, to which God is limited.

Life—man's life is the end—effect—in which all known things in the universe begin, measured by the light of his conservation of soul. This is the conundrum of all the ages. Man cannot go beyond life, can only gaze out into the immortal cause, ask questions, and try to learn the answer more and more without end. Life is the most simple of all known truths. Indeed, life is the one and only truth that exists. All things else are merely related parts in the immortal unit of life. The stars of astronomers measured by Newton's law of gravitation, like the living cells of scientific biologists; the work of living functions by the physiologists; like the work of rocks and water to geologists are merely specialized interpretations of God's conservation of soul.. In ratio each pretends to be scientific, is the measure of their lost soul, in proportion the world is merely dead matter and force, wherein each of these great scientific wings hopes to find the ultimate unit of cause in the world's dead matter and force. To say: mind is nothing like the truth of matter: Inversely means: The truth of matter is nothing like the truth of mind. This is the greatest intellectual fake in man's story that even now passes as currant exchange to fool self successfully.

Why, the religion of Christianity grows on and on, with unceasing volume as time rolls on. Indeed, Paul of Tars-

us made it his business to tear down this simple revelation of truth unfolded by the conscious soul of Jesus. After thoughtful and careful investigation learned, "God is the source of all power," and Jesus is surely the Son of God measured by the light of his pure soul, The soul of Jesus is a reflex image of God's life measured by the light of soul to which the conservation of energy is limited.

When Paul of Tarsus said, "God is the giver of all power," and at the same time acknowledged that this man Jesus typically portrayed the pure soul of God's truth, the reaction on his soul while enroute towards Damascus can easily and readily be explained. When he learned that the light of soul revealed by this man—Jesus—that ends up so clear a wealth of one soul as an effect; it is not strange, much less wonderful why Paul of Tarsus said, Jesus is the real and ideal unit that portrays God's soul of living truth.

I do not expect, much less hope that all mankind will understand, much less comprehend, what this ideal and real conservation of energy that is never more or less really means and stands for. The distance apart can only be measured by the great parable of speech personified by the star of Bethlehem that is infinitely greater than a miracle. Indeed, is the purest transfigurative illustration of poetic speech, that ever came upon the stage of man when truly interpreted.

It is a pleasure to learn that practically all priests and preachers today know, it was gold that then, like now, is still nailing the revealed soul of Jesus on the cross of scientific physics today. Jesus portrayed, lived, unfolded the light of God's soul of living truth so pure! Not one man today can question, personifies God. Indeed, all present religion science, and philosophy is a beggar in relation, in ratio do not know the conservation of energy is never more or less than the immortal light of God's soul of living Truth to which the whole universe is chained by the power of our eternal light, Soul, the unit of which begins in life—God.

HERMAN GASSER, M. D.
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PHYSICIANS AND THE N. A. R. D.

In your August issue you have an editorial under the caption "The Presumption of Ignorance" and as certain statements therein made are not in harmony with actual conditions, I would, in behalf of the N. A. R. D., make the following statements:

First, not only has the N. A. R. D. in its office of publication a man as secretary whose long years of activity in the retail drug business and acquaintance with physicians make him an expert on propaganda matters and a most valuable adviser, but the director of the propaganda department is most painstaking in his researches and his statements made to the medical fraternity, are never allowed to go to print before at least four thoroughly conscientious and qualified physicians have censorized them.

Second, we would most radically take issue with the statement, "that the retail druggist places a low estimate on the physician's ability to prescribe or use drugs." This is not the truth. There may be exceptions to this as there are to almost everything, but as a general charge such a statement is not in harmony with the facts. Furthermore, none of the N. A. R. D.'s publications have ever assumed as much, as any careful reader of them will assert and all N. A. R. D. teachings have been in exactly an opposite direction as they ought to be.

Again, in the circular mentioned which was sent from the N. A. R. D. office last April to thousands of physicians, not one disease is mentioned where Elixir of Glycerophosphates, N. F., is recommended. The exact words in the

N. A. R. D.'s circular are these:

"This Elixir is a most excellent preparation wherewith to furnish Phosphorus to the system and is especially valuable in such diseases of the nervous system as result from exhaustion, rather than from organic changes."

There is no man, be he druggist or physician, who can conscientiously state and with authority, that the N. F. Elixir is an imitation. It is an original.

As for as the "customary slam at the proprietaries" is concerned, it is refreshing to note that many members of the medical profession are waking up to the fact that they are being "slammed." There is urgent need for it, and no one will refuse to take a "slam," except those who are using them as a blind for a knowledge of medicine.

With all due respect to the findings of Professors Vaughan and Cotton and numerous European and American authorities on the subjects of lecithin and nuclein and knowing them to be true and valuable, we positively reiterate our statement "that some manufacturers of these substances and their compounds and combinations make remarkable statements for their products"—which experience with them in daily practice does not bear out.

This is the trouble with all of the nostrum makers—they take a common drug or drugs or a preparation of such, tack on a fancy name and give it (on the label) every possible and impossible therapeutic property. This fraud, is what the N. A. R. D. is fighting and fighting successfully, and if, perchance, in the fight somebody gets hurt, he will naturally get what is coming to him and squeal.

From the classic research of Meischer we have it "that the animal organism is abundantly able to form lecithin and nuclein from other compounds existing in the body; from experiments on the salmon he found that the mass of eggs increased from 4 per cent to from 19 to 37 per cent of the total body weight during some months when the salmon took no food, while the muscles showed a corresponding decrease in weight and that much more nuclein and lecithin are found in the eggs than previously existed in the muscle."

He therefore concludes and the evidence seems unassailable that the newly formed combinations characteristic of the egg, including lecithin and nuclein, are formed by chemical action from the albumin, fat and phosphates of the muscle.

This is all the smart nostrum maker needs for his purpose and with this ammunition as a basis, viz.—that lecithin causes an increase in the body weight, he produces his wonderful scientific (?) literature, while the much more important and generally accepted results of Miescher are ignored.

Naturally no nostrum maker would attribute extraordinary curative properties to eggs, yet the yolk of one egg actually contains enough lecithin for four ordinary doses in a form perfectly available for medicinal use.

This fact was undoubtedly known to most physicians, still many of them have written to N. A. R. D. headquarters expressing great delight in the manner in which it was called to their attention.

Again, while the N. A. R. D. might be guilty of the charge of teaching the physicians—"to teach us physicians"—if anyone cares to bring the charge, we can only say that it has been forced upon the N. A. R. D. to do this, and by none others than the physicians themselves and in its humble way, the N. A. R. D. is "making good."

How often has the medical man told us (and it is certainly no disgrace to him to do so), that their materia medica teaching in college has been sadly neglected and they have appealed to the N. A. R. D., personally and collectively, to give them some valuable information they required.

College professors, teachers of materia medica and therapeutics in medical schools, have asked for help from the N. A. R. D. and it has been given gladly and freely, and best of all, it has done much good, as the recipients will gladly testify.

While the editorial may have expressed an honest opinion we believe that now, since the other side of the story is known, this paper will join with the great mass of progressive physicians who are heart and soul in this grand movement of getting back to first principles in medicine.

The N. A. R. D. did not go into this reform movement with eyes blind-folded, but is prepared to fight to a finish "the dark age relic of secrecy in medicine" not only that the pharmacist may get a square deal, but the physician and the public also, even if for a time it be against their will to profit by it.

The N. A. R. D. knows full well that many abuses exist in the profession of pharmacy, but it has discovered that most of these abuses in some way or other are linked with abuses in the medical profession so intimately that it is only possible to eradicate them by the two professions getting together and working conjointly to that end on a give and take platform.

If all the medical editors with war-like ideas would turn their guns upon the real enemies of the two professions and load with solid shot, instead of shooting at real humanitarians with bird gravel, they would be of some real value to humanity.

Intelligent and sane propaganda work presupposes a knowledge of real conditions in the professions of pharmacy and medicine, and the N. A. R. D. officials and leaders have shown that they not only possess this knowledge, but are able to use it in a practical manner.

The N. A. R. D. has made mistakes as has every other progressive association—mistakes of the head, but never of the heart and it may yet make many others. But no man or set of men can truthfully say that it ever misrepresented anything or started out on a reform movement with ignorant or unqualified leaders.

The results it has accomplished should immediately and automatically disprove such statements.

If these critics, well meaning or otherwise, actually had the good of pharmacy and medicine at heart, including a square deal for the public (which public incidentally supports both professions) together in an equitable and honorable agreement and understanding as the N. A. R. D. is striving so hard to accomplish."

Otto E. Bruder,

Director of the U. S. P. and N. F. Propaganda Dep't., Chicago.

COCKLEBURR.

The articles on Cockleburr in the former numbers of the Recorder were not read by the writer because I was not in the country. It is quite evident that Drs. Servoss and Richter were neither raised on a farm, or else they would be more familiar with the plant. It is a great pest to the farmers in many parts of the country. It delights to grow on the farmer's best land; grows to a height of one to two feet with a coarse, rough, irregularly branching stalk covered with a yellowish-green bark. The leaves are quite small, oval in shape. The flowers are small, at the termini of the numerous branches, appearing during all the latter part of the summer, followed by burrs from one to two inches in length covered with spines and two hooked terminal spines. The burr is two-celled, containing numerous seeds. The seeds have a persistance of vitality and will sometimes remain in the soil for years before germinating. When once in cultivated land, it is very difficult to eradicate.

When in fields used for pasture, the burrs persist in getting in the wool of sheep, the tails of cattle and the manes of horses and are very difficult to extricate. Because of this tendency it is sometimes called 'clot-weed.'

The plant is an annual in its nature. The common cockleburr is the Xanthium Strumarium. There is another variety found along sandy beaches of the sea or lakes called Xanthium Spinosum. It is quite like the other, only smaller and the burrs have but a single beak at the end. They both belong to the aster family of plants. If the cockleburr has any use either medicinal or economic I have not yet found it out .

Agrimony, Agrimonia Eupatoria, belonging to the rose family of plants, a small weed with small yellow flowers followed by small adhesive burrs, found growing in old fields and open woods, has been sometimes wrongly called cockleburr. It has been used in medicine. It is not worth while to spend time with it. There are other things better. Cut it out.

The Darnel, Lolium Perenne is only a grass, commonly called "rye-grass.'

The Cenchrus Tribuloides is another grass, sometimes called burr-grass or sand-burrs, it grows in the west among the sand dunes and other sandy places. It has no place in therapeutics or economics. It is avoided by the cattle at pasture and is a great dread to the barefooted boy.

Burdock, Lappa Officinalis, is sometimes confused with cockleburr because it is often also called 'clot-weed.' But it is very different. In its growth, it is biennial with large, coarse, heart-shaped leaves, upright stalk, the second year, branching at the head and purple flowers. The scales of the globular involucre abruptly tipped with a spreading awlshaped appendage, mostly hooked at the point. Leaves and stalks are not prickly. It is probably more used in medicine than any of the other herbs mentioned. It undoubtedly deserves a higher place than is usually ascribed to it. The root and seed are the parts used. It was formerly more highly valued as an alterative, antisyphlitic and antiscorbutive. It was formerly more in vogue, but of late years has fallen into disuse. It is yet worthy a place in our therapeutics.

D. D. Rose, M. D.

Valparaiso, Ind.

COMMENTS.

I take exception to Brother Cassiday of Portland, Oregon, when he states, "If physicians become hysterical, lose their poise and run after and countenance healing cults, then in effect they confess themselves impostors and charlatans if they continue to practice medicine." Does he contend that the administration of medicine, or the application of modern surgery is all there is to the proper working of our honored profession?

Do I become hysterical, or lose my poise, when I advise, or administer suggestive therapeutics to a hypo?

Are we hysterical, when for the good of a patient with torpid semi-paralysed bowel, we resort to hydrotherapy, and psychological suggestion accompanied with dilatation for a stenosis of the sphincter ani, and "throw their physic to the dogs?"

Is it an evidence of hysteria in a physician who will direct his patients, to systematically treat themselves, by deeply breathing in the God-given oxygen with which this good, kind, old, time tempered, world of ours is surrounded for forty miles above us, and for twelve thousand miles on either side of us, when we know that not one person in a thousand knows how to breathe? Is it an evidence of hysteria on our part to instruct them in "lung gymnastics" that they may feel for

the first time in all their pill-pestered life, that they have found a remedy which revives, invigorates, restores, builds up, a life giving treatment, which God in his infinite knowledge intended that we use of freely, but of which the genus Homo has been fearful of using as God meant they should, to expand their "flat chests" and thus restore normal tone to poisoned heart muscles, pus filled lung cells, and vitiated blood stream?

The electro-therapeutist, and the osteopath assist in stimulating the physiological action of our grand time-tested remedies, particularly the active principles. Burggraeve, Waugh, and a few others have handed the world a legacy worth more to suffering humanity, than all the wealth of stone, oil, and bonds in existance; a few years since they were considered hysterical. But to draw ourselves back unto the cloak of a "dried sheepskin," and make "goo-goo" eyes at things new, is to loose poise.

I have been in this business for thirty-two years, I am not worried in the least that Mrs. Eddy will steal my practice. I cannot recall having indulged in any seasons of prayer, but I am satisfied that "God helps those who help themselves," and he has placed us here in a land of "milk and honey," I have an idea, that his intentions were, that we partake of all good things and not manifest hysteria or lack of poise by eating from one end of the trough.

C. E. Belcher, M. D.

Leetonia, Penn.

ELECTRO-THERAPEUTICS.

I request Recorder readers who are using faradic and galvanic wall plates, to answer the following questions regarding wall plates:

Have you found faradic and galvanic electricity beneficial in treating certain diseased conditions especially chronic cases?

Is the wall plate difficult to keep in working order?

What make do you use?

What text do you prefer as to practical application?

Do you have any difficulty getting patients to come to office for regular treatment?

Do you use cells or current to operate machine?

Charles P. Stephan, M. D.

New Bedford, Ohio.

VARIOUS TOPICS.

The American Medical College Association, Southern Medical College Association, American Institute of Homoeopathy, National Confederation of Eclectic Colleges, and the two Physio-Medical Colleges, should adopt rules to have all dipomas printed in English, signed by all the professors and have each graduate's photograph on his diploma. Also each year publish a history of the graduating class in some medical journal or in the college announcement, giving the photograph of each gradutae, his full name, date and place of birth, schools he has attended, etc. If this were done it would be of value in many ways. It would make a physician's diploma so the public could tell what college issued it. It would prevent schools from issuing diplomas unless the entire faculty of the college, was aware of it and the picture on the diploma and in the class history, as well as the class history, would prevent diplomas from being stolen from owners, and others claiming them. Each diploma should also be numbered in a way that the records of the college, could easily recognize the owner by his history and photograph. This would be a valuable thing for all state boards, and the boards should require it of the colleges. It would also put college and personal history on rec-

ord, that would be of value in future years for all lovers of medical history and also maybe of value from some legal standpoint.

It is an evident fact that we need more medical college history of colleges in the United States, both those that are in existence and those that are extinct including all systems of medicine. The profession is in need of a textbook on the history of all medical colleges in the United States. Such a book would be of much value and much information could be obtained now, that could not in a few years later on.

The study of elocution is of value to all physicians especially to those who are interested in psychotherapy. It gives a physician much better power to control most of his patients by his general appearance, etc., being so much better.

Chirata is a useful antiperiodic and antimalarial remedy. The dose is five drops to one drachm of the fluid extract, average dose fifteen drops. All physicians who are practising in malarial districts will do well to use this remedy either alone or in combination with other remedies. It is a very bad tasting medicine, but could be made into a pleasant remedy similar to U. S. P. aromatic fluid extract of cascara, aromatic tinture or aromatic syrup of rhubarb or as aromatic fluid cinchona is made, each ounce five grs. sweet orange peel, and sixty representing 328 grains chirata, fifty-minims of fluid cardamon compound.

Recently I asked readers of The Recorder some questions about vasectomy and a number of valuable and interesting replies to them have been in the last few issues. One of the questions was, if vasectomy were performed, could in some future time another operation be performed which would render the person upon which it was performed able to procreate?

I would now like to ask another question. What is the experience of A Marassini, as reported in his paper "Experimental Research on Anastomosis of Stumps of Severed Vas Deferens?" published in Riforma Medica Naples Aug. 16, 1909, XXV No. 33.

A recent editorial on the asexualization of criminals, in the Medical Standard, says: Dr. Merrill Rickets very pertinently points out that if the criminal or insane individual were simply sterilized, he would become a moral libertine, and a most dangerous menace to even the most virtuous, the moment it became known that he could be cohabited with in perfect safety so far as conception is concerned. What family he enquires, would care to entrust its virtue in his keeping? Dr. Rickets advocates, upon this ground, the total extirpation or destruction of the testicular glands as the operation to be performed upon these unfortunates.

J. A. Burnett, M. D.
Little Rock, Arkansas.

♣ ♣ ♣

EYE BOOKS.

Please recommend two or three good, practical works on ophthamology.

W. Jones, M. D.

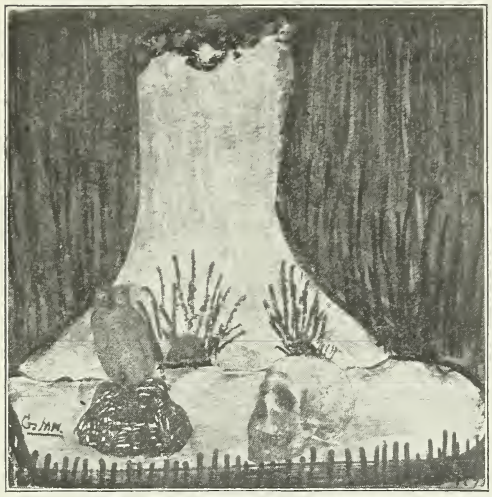
We especially recommend the works by Dr. J. M. Ball and Dr. L. Webster Fox.

Modern Ophthalmology by James Moores Ball, M. D., of St. Louis, is a work of 820 pages, profusely lllustrated. The price of the volume is $7.00, bound in cloth. The colored plates in this book alone are worth the price.

A Practical Treatise on Ophthalmology by L. Webster Fox, M. D., of Philadelphia, is a work of 807 pages, with 300 illustrations and 6 colored plates; price in cloth, $6.00. Dr. Fox's work is just off the press and contains the latest and best in ophthalmology. We shall publish a review of ths book in the February Recorder.

THE OWL AND SKULL TALKS.

By Grace M. Norris, M. D., Richfield Springs, New York.



SYNOPSIS.

At the eastern end of an old church yard, stands a white stump, surrounded by a clump of bushes; lying under both bushes and stump rests a large, flat stone with the inscription quite effaced. On the marble reposes a skull.

Back of this dense shrubbery in the darkness of the night sits an owl and with only the silvery moon for company and the twinkling of the stars; while the world is wrapped in slumber the owl and the skull chatter.

I. THE REAL PAUPER AND SOCIALISM.

Owl. Good Evening, "Bones!"

Skul. Good Evening, "Hoot!"

O. Thought you might be lonesome and I would fly down for a minute. I am on the wing tonight.

S. What did you come across on your past nightly rambles of interest?

O. Oh, the atmosphere seemed dampened by a few rain drops of socialism.

S. Socialism!

O. Yes, the everlasting, eternal and infernal question of labor.

S. On what question is that element agitated, the small compensation of the employed, or labor for the unemployed?

O. The unemployed this time.

S. Have you attended any of their meetings?

O. I have been perched in a tree right over the place and as I was concealed by the foliage, they went on with their conversation and I was not molested. But the most noteworthy incident bearing on this matter occurred in England, last fall and winter. I flew across the pond simply to learn how matters stood there.

S. Pauper labor, like slave labor is almost worthless, is it not?

O. The support for this dictum can be answered by the London County Council.

S. Did they provide work for the unemployed?

O. Yes, the unemployed were engaged to do work in the London Parks to the value of $39,000.

S. I dare say it cost them above this figure.

O. Skilled laborer hired in the open months and paid high wages could have done that work at the figure estimated for $39,000. Instead of this it cost $257,100 when done by the unemployed.

S. Men, who knew that they would not be discharged if they idled: and who had no interest in their work, and only in the wages.

O. Yes, and I venture to say that will be the type of work which will be universal when State is the sole employer.

S. I fear so, when men do not choose their own form of work, but have it found for them by that beneficent despot.

S. Didn't the colonists in Virginia attempt during the early settlements something like socialism?

O. The property of the settlers of Jamestown was held in common for a time. The colonists worked together and in time of harvest deposited their products in store houses which were un-

der the control of the governor and council.

S. Was this system a success?

O. No, the right of holding private property was recognized. Governor Gates had the lands divided so that each settler should have three acres of his own; every family could then cultivate a garden and plant an orchard, the fruit of which no one but the owner was allowed to gather. The benefit of this system of labor was at once apparent. The laborers as soon as each was permitted to claim the rewards of his own toil, became cheerful and industrious.

S. Did not the author of "Looking Backward" try to start a colony on a socialst scale?

O. Yes, Bellamy tried his hand at it, while the theory seemed beautiful, the reality was impracticable.

THE JANUARY MAGAZINES.

Leading features in the January Everybody's are: "The Blind Revolutionist," by Ernest Poole; the continuation of Judge Lindsey's "The Beast and the Jungle;" "The Insurgents vs. Aldrich, Cannon, et al;" a poem "Christ Crucified," with colored illustrations, by Ella Wheeler Wilcox. It is the finest thing Mrs. Wilcox has done in years.

A few of the articles in The World To-Day for January, are: "How I Found Roosevelt," illustrated, by E. M. Newman; "The Dawn of a To-Morrow," illustrated, by Lucy France Pierce; "The Governor's Messages to the People," with portraits; "The Menace of the Police, 1.—Three Millions a Day for Crime," illustrated, by Hugh C. Weir; "Music as a Social Force," by Lester B. Jones; "Lords and Commons: A Crisis," by Svetozar Tonjoroff; "Arkansas Rice—The Development of a New Industry," illustrated, by Frank L. Perrin.

The leading article in the January American Magazine is "Barbarous Mexivo," the serial running through this year. This month's story tells about slave uprisings, political persecutions, imprisonment for free speech, suppressing newspapers, etc. The department "Interesting People," has fine portraits and short biographical sketches of eminent people. Mr. Dooley talks about the cost of living. This number is a live issue of a live magazine.

McClure's Magazine for January is a very attractive number with timely articles, entertaining fiction, a play, and beautiful illustrations. John E. Lathrop and George Kibbe Turner, in "A Billion of Treasure," tell of the discovery of coal in Alaska and the events that led up to the Ballinger-Pinchot controversy. Xavier Paoli, the French Guardian of Kings," begins a notable series of Recollections of the Kings and Queens of Europe;" and the story of the Ferrer Trial is told by Perceval Gibbon, who was on the spot.

The National Magazine, edited by Joe Mitchell Chapple, for January, in "Affairs at Washington" fairly tingles with news of acute "situations," foreign and domestic. Secretary Knox is shown handling the Nicaraguan situation, while the President appoints a new minister to China. Interspersed with news of the departments are personal interviews or recollections of various legislators. The editor has met Senator Hale in Maine, and there is a story jammed full of crisp information and incidents of the "good old days." The gaieties of fashionable Washington are not forgotten, and newspaper men especially will be glad to read of an old friend, "Marse" Henry Watterson, who discourses in sage-like sentences. Personal reminiscences, by those who knew Lincoln in the flesh, have been told to the editor and are reproduced.

RUNDSCHAU

By H. SPEIER, M. D.
Minneapolis, Minn.

PELLAGRA.

Considerable attention has of late been bestowed on a "new" disease, pellagra, and some alarm caused to the public by exaggerated press reports of its characteristics and dangers. There is small danger from the disease in the United States. With us it will always be sporadic and confined to very limited areas. Most of our physicians will never encounter it. But on account of its recent notoriety it may be well to give a brief description of it. To speak of it as a new disease is in itself an absurdity, for it was recognized and well described almost two hundred years ago. Its name is Italian and means "rough skin." About the middle of the last century there originated in Italy, where the disease is most frequent, the theory of its causation which is still today the accepted one in default of a better one, namely that pellagra is due to a certain fungous growth on the grain of Indian corn. The well known scientist Lombroso considers it due to some toxic substance in corn as a result of parasitic growth. The development of the toxic substance is favored by damp seasons, imperfect ripening of the grain, improper storage and the sowing of affected grain.

How long the disease may have existed in America cannot be ascertained. The first positive report was made in 1907 by Dr. G. H. Leary of Alabama, who reported an epidemic of 88 cases in the state hospital for colored insane, 57 of which died. The South Carolina State Board of Health and the U. S. Marine Hospital Service have since pursued investigations. A recent investigator claims to have cultivated a specific bacillus of pellagra, but as yet the real cause of pellagra is unknown.

The disease presents three groups of symptoms. First, a squamous erythema confined to those portions of the skin which are exposed to heat and light. Second, a chronic inflammatory condition of the digestive passages shown chiefly by obstinate diarrhoea. Third, a more or less severe lesion of the nervous system leading at times to a mental alienation and paralysis. A severe attack may terminate fatally within a few months.

The disease begins, as a rule, in early spring with occipital headache, vertigo, lassitude, indigestion and constipation or diarrhoea. Appetite is variable. The mucous membrane becomes reddened, ulcerated, tongue is red and swollen, swallowing difficult, nausea and vomiting, emaciation with muscular weakness follows. Then appears an erythematous condition of face, back of the hands and forearms, feet and back of neck. There may be vesicles and bullae, later thickening, scaliness and pigmentation of the skin which frequently becomes cracked and fissured. Accompanying there is mental depression, insomnia, hallucinations and delusions which usually terminate in dementia.

All the symptoms become exaggerated towards autumn, when the subside or disappear, to return the following spring. This may continue for several years, but finally results fatally. European authorities give the average duration of the disease as five years. There is no specific treatment for the disease. Prevention and hygienic measures are most to be relied upon, such as placing the patient into healthy surroundings and improving the diet, from which corn is to be excluded.

THE STANDARD OF MEDICAL EDUCATION.

At the last meeting of the Minnesota State Medical Association the committee on legislation reported the draft of a new medical practice act which contained a clause requiring that after 1912 all applicants for examination for license to practice medicine and surgery in the state must have satisfied all the entrance requirements and completed the first two year's work of the college of science, literature and arts of the University of Minnesota, or present credits for a course elsewhere accepted by this college as equivalent. This for the purpose of supporting and legalizing a preliminary ruling to that effect by the state board of medical examiners. The clause met with determined opposition in the house of delegates on the part of men professed and acknowledged friends of the movement for higher education. They showed that only one other state in the union, that of North Dakota, has such a standard, everywhere else one year's college work being sufficient as preliminary education, that therefore the state of Minnesota would isolate itself and not be in a position to further accept the licentiates of other states by reciprocity and that under such law medical graduates of no European university would be admissible to the state examinations in Minnesota. Such an act would be a hard blow to the movement for general reciprocity. The opposition gained the day and the bill was tabled.

The tendency in the American character to go to extremes seems to manifest itself in this matter of medical education. Barely have we passed the stage where we granted diplomas to everybody with the flimsiest education—such men are still among us—and here we find ourselves trying to raise the standard out of all reasonable reach. The same subject was discussed at length at the last annual meeting of the American Academy of Medicine, an organization in which membership is limited to holders of a collegiate degree and which for years has been foremost in the movement toward higher education. In an address before that body, Henry S. Pritchett, former head of the Boston Institute of Technology and now president of the Carnegie Foundation for the Advancement of Teaching, an educational authority, said: "With regard to present standards let me urge that an honest enforcement of the standard adopted is a far greater contribution to medical education than the adoption of high standards which are not enforced. Your association accepts at the present time as its standard for admission to the medical school the completion of a four year high school course. You will do far wiser and you will serve medical education far better if you will enforce this standard, than to adopt a higher standard which you cannot enforce. I understand that there is before you at this time a proposition to advance your standards to the requirement of two years of college as a prerequisite for entering the medical school. Let me urge you first to enforce strictly the standard now adopted before adopting on paper a standard which you will find for some years to come impossible."

This from a man of high authority as to general education and entirely impartial as to medical education agrees with the views of most physicians. We do not want ignoramuses in our ranks, we want men of culture equal to the men of other professions and other countries, but we have no use for over-refinement. There is no question that the cultural status of our profession has greatly improved in the course of the last ten or fifteen years, due to the concerted efforts of colleges, examining boards and other educational agencies and chiefly to the fact that in nearly all our states the work of the high schools is being standardized. Uniform thoroughness of study in the secondary schools must be aimed at, for the superficiality which

unfortunately characterizes our high schools fails to give such mental training that even a two years' college course can be of real benefit. This is the crux of the whole matter. Make the high schools truly effectve! Many states have fixed by law the four-year high school course as the requirement for entrance upon medical study and it will remain such for a good many years. Men of large experience in the work of licensing boards as Dr. Egan, secretary of the Illinois, Dr. Bennett, secretary of the New Jersey, Dr. Harrison, secretary of the Michigan boards, state distinctly, that they are in favor of abiding by this standard.

FEES.

The relief which people were lead to expect from the completion of the new tariff law has not yet materialized and critical reviews of it written by prominent economists inspire but small hope. Time will tell. For the present this much is certain, and everyone knows it, that the cost of living has increased greatly and the prices of all commodities, the very necesaries of daily life, are rising steadily. Some blame Wall street and stock speculation, others the manufacturers' combines, still others the retailers. Wherever the blame belongs—it must probably be distributed over several agencies—the consumer is placed between the upper and nether millstones and ground. Physicians feel hard times more keenly than others. Wagewokers' earnings have in some measure accommodated themselves to the greater cost of living and the renewed activity in industrial and commercial pursuits give more work and employment to the masses. Physicians' fees, however, are today, almost everywhere the same that they were fifteen and twenty years ago. This is particularly true of agricultural communities. While we have to pay to farmers twice as much as formerly for milk, butter, eggs, pork, they pay us for our services no more than when their produce went begging. The unreasonableness of this is evident, the more so since the cash represented by a medical education and the equipment at the beginning of the practice, is much greater now than ever before.

It is time that this matter be considered seriously and more adequate standards for medical fees be established. Single individuals can accomplish little, concerted action is needed. There is sufficient common ground for all reputable practitioners to meet on, even rivals in the same community, whose pet occupation for years has been to abuse each other, could agree on such a matter of common interest. Societies, local, county, state, might take hold of this vital subject, not of course, to make new fee tables, but to enlighten the public and make them see it in its just proportion. Such action would not be derogatory to the dignity of the profession. but on the contrary, contribute to raising its efficiency and standing.

INJECTION TREATMENT OF HEMORRHOIDS.

The treatment and cure of hemorrhoids by injection has been left almost solely to irregular practitioners and rather discouraged by the surgeon and regular specialist on rectal diseases. All kinds of bad results have been said to be apt to follow the practice, such as embolus, abscess and frequent relapse. But the quack has gone on doing the work and reaping a golden harvest and very little has been seen or heard of the predicted bad results. Gradually the regular profession has taken up this method of treatment and is finding it satisfactory. At the last meeting of the American Proctologic Society a member read a paper on the technic of the injection treatment which tells nothing but what has long been known to every "quack" and described in some books. The only difference is that the solution which he recommends, 10 parts carbolic acid to 90 parts oil of sweet almonds, is weaker than that generally used.

THE WISCONSIN MEDICAL RECORDER

J. P. THORNE, M. D.
EDITOR
Janesville, Wis.

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ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our conrtibutors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 13 JANUARY, 1910 No. 1

THE U. S. P. AND N. F. PROPAGANDA.

The propaganda which has been pushed by the National Association of Retail Druggists and the American Medical Association, to have physicians confine their prescriptions to National Formulary and Pharmacopoeia preparations has not been a very great success. The majority of medical men prescribe what they consider the best and most satisfactory for their patients. The Pacific Drug Review commenting on this says:

"The end of the great campaign planned and directed by the N. A. R. D. is not yet in sight, but its future seems uncertain. Not that we do not approve of the propaganda and have hoped for good results, nor have the N. A. R. D. and the earnest men engaged in this particular work left anything undone; but in the summing up, the results have been negative. In a few communities the physicians have responded to the efforts of the druggists, but this has been the exception.

"The N. A. R. D. must find some other propaganda we fear, and since the association seems to be running arm in arm with the American Medical Association, perhaps some of the amiable gentlemen who direct the affairs of American Medical Association (or rather attempt to) can suggest something which may yield better results. For instance, they might organize a national manufacturing concern to produce pharmaceutical specialties and make every druggist and every physician in the country a stockholder; or for that matter it would not be necessary that the druggist be a stockholder but present a few shares to every physician and show him where he could make his shares earn dividends by prescribing the company's products; they could then throw ethics to the winds and employ people to clip coupons. Far be it from us to put any stumbling blocks in the way of the U. S. P. and N. F. campaign, but here is a propaganda that will succeed—indeed they might manufacture only U. S. P. and N. F. preparations as well as any other variety so long as they take the medical fraternity in as partners. If this plan is not immediately accepted as a most brilliant one we suggest that the efforts of the N. A. R. D. be drected. toward putting a stop to counter prescribing in its various forms, and toward inducing druggists to discontinue the manufacture and sale of preparations intended to treat diseases which should always be handled by physicians and the sale of which only keep patients from the much needed medical service and can at best only cover up or alleviate symptoms, thus making chronic and incurable cases out of acute and

curable ones, and often forfeiting human life which might have been saved under rational medical treatment. We refer particularly to eye remedies, uterine sedatives, diuretics and kidney remedies, heart remedies and stimulants, gonorrhoea and syphilitic remedies, rheumatic reemdies, consumption cures, opium preparations for diarrhea, eczema ointments and all preparations of a similar nature. Druggists are out of their field and trade upon human ignorance in selling such preparations. We do not mean to include here the simple home remedies, such as liniments, cough syrups, headache tablets, etc., for these come properly under the head of domestic remedies, but you should never complain about dispensing by physicians so long as you attempt to correct uterine displacements, malformations, etc., with Mrs. Blank's Compound, or promise to eliminate the cause of rheumatism from the blood by the saturing of the system with drugs tending to decrease the secretory and excretory functions, and so on down the line. This is not only practicing medicine, but it is malpractice. Let the N. A. R. D. take up this subject and we venture a guess that more physicians will know of it in six months than will ever know about the U. S. P. and N. F. propaganda."

The Pacific Drug Review is an organ of the drug trade and is a large and influential journal. It s edited and issued by pharmocists and has no physicians connected with it.

PELLAGRA.

The Illinois State Board of Health has probably issued more valuable literature than any State Board in the country. Dr. James A. Egan, the secretary, has the faculty of successfully editing literary productions on public health. The Board has just issued a bulletin on pellagra, which is timely and useful. It contains a number of exhaustive articles by several authorities and is illustrated with twenty half-tones. As the literature on pellagra is not very extensive, ths bulletin will be welcomed.

The Board has also issued a new edition of its bulletin on consumption, which has passed through many editions and become famous. The consumption bulletin is for general distribution in Illinois and contians instructions for preventing the spread of tuberculosis. The new edition has been thoroughly revised. Illinois physicians are fortunate in having a State Board which prepares such literature.

EDITORIAL NOTES.

With this number, we begin the thirteenth year of the publication of The Recorder. The original articles which we shall publish this year will be of unusual interest and value.

Dr. D. L. Field, of Jeffersonville, Ind., starts a series of interesting articles, in this number, on the history of medicine. One article will be published each month through the year.

Every physician needs the inspiration he gets from new books, medical journals and association with colleagues. This will be a good year to grow in knowledge, experience and usefulness.

The Optical Journal for December 30, is an anniversary number, in honor of twenty years of publication. It is a large number filled with optical literature. The Optical Journal is published at 1 Maiden Lane, New York.

The December issue of Annals of Surgery is a wonderful number of a great medical magazine, marking the completion of the fiftieth volume of the journal. It contains 400 pages of surgical articles by good writers, illustrated with cuts and plates. J. B. Lippincott Co., Philadelphia, publish the Annals.

Dr. Eli G. Jones, well known to Recorder readers by his contributions to these columns, conducts a post graduate school devoted exclusively to instruction in the treatment of cancer. The next course starts Feb. 1st, at 437 High street, Burlington, N. J.

Echinacea is a valuable drug in many conditions even if it is condemned by the laboratory board of the A. M. A. The drug has been extolled too highly by some but it has a field of decided usefulness, as proved by careful practical, active practitioners.

The January number of the American Journal of Clinical Medicine is a "Progress Number," filled with a wealth of medical literature. Clinical Medicine for 1910 will be an indispensable journal to the active practitioner. If you are not reading it, send at once for a copy, addressing to Ravenswood Station, Chicago, or better yet, write us for our special club price for The Recorder and Clinical Medicine.

As an outgrowth of S. DeWitt Clough's book "Backbone," which has been reviewed in these columns, the "Backbone Club" has been formed by Dr. W. C. Abbott, Dr. Geo. F. Butler, Dr. A. L. Burdick and S. DeWitt Clough. They will issue the "Backbone Monthly," a journal of optimism, and publish books of cheerfulness. If you send fifty cents to the Backbone Pub. Co., Ravenswood, Chicago, you will be a member of the club and receive the magazine for a year.

"Antipyrine, Acetanilide, and Phenacetin" is the title of a 45-page booklet by U. G. Boone, Ph. G., M. D. The author has obtained reports from hospitals in all parts of the country regarding any untoward effects from these drugs. Basing his conclusions on these reports the author states that these coal-tar products are safe and do not cause drug habits Doubtless these remedies are safe when prescribed by physicians. However, much harm has been done by their indiscriminate dispensing by druggists. Extra copies of the pamphlet may be obtained for 25 cents of the author, 1803 Olive St., St. Louis.

The insight into child nature which Judge Ben Lindsey shows in his serial "The Beast and the Jungle," in Everybodys Magazine, should be acquired as far as possible by all who deal with children. School teachers especially can study these articles with profit. Many school teachers handle children by such wrong methods as to crush out the originality and character of the child. Judge Lindsey shows that it is wrong to require one child to tell on another. The protection of comrades. is a principle of brotherly loyalty which should be fostered instead of crushed. Many teachers and officers promote disloyalty and falsehood by punishing children who will not expose their mates. Judge Lindsey gets the boys in his Juvenile Court to confess their misdeeds and to induce their pals to confess. He encourages honesty in every way.

"The Alcoholic Problem" is the title of a work issued by the National Governmetn as a Senate Document. The book contains the papers read at the meeting of the American Society for the Study of Alcohol and Drug Narcotics, at Washington, March 17-18, 1909. These papers are scientific conclusions by well known authorities on the subject. The papers are by Dr. W. S. Hall, of Chicago; Dr. C. H. Hughes, of St. Louis; Dr. H. W. Wiley of Washington; Dr. G. H. Webster, of Chicago; Dr. J. H. Kellogg, of Battle Creek; Dr. H. O. Marcy, of Boston; Dr. T. D. Crothers, of New Haven; Dr. Wm. Waugh, of Chicago; Dr. H. A. Kelly, of Baltimore, and others. The book is well worth reading. Copies may be obtained of your United States Senator. This is the first publication of this kind ever issued by the government and it certainly is a commendable work.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books of interest to doctors. Items of literary news will furnish information on progress in the world of literature.

ELECTRICITY IN GYNECOLOGY. The Practical uses of Electricity in Diseases of Women, by May Cushman Rice, M. D., Professor of Gynecology and Clinician in the Illinois School of Electro-Therapeutics, etc. Illustrated. Pages, 160. Cloth. Price, $1.00. L. I. Laing and Co., Chicago.

This volume is a condensed, practical work, on the use of electricity in treating diseases of women. The first two chapters are devoted to the general principles of electricity, explaining the characteristics of the various currents and giving practical points in applying them. The different diseases of women are then considered and their treatment by electricity given. There is an excellent chapter on constipation, telling how this obstinate trouble may be successfully treated by electricity, vibration and diet. In a chapter on hemorrhoids, Dr. Rice shows how many cases may be cured by electricity. The chapter on the Roentgen ray shows its uses in carcinoma of the uterus. The physician desiring a working guide will find this book useful and satisfactory. The physician who understands and uses electro-therapeutics will secure better results and better remuneration for his work.

♣ ♣ ♣

GOUT. By Dr. H. Strauss, Professor of the Third Clinic, Royal Charity Hospital, Berlin. Authorized American edition. Translated under the direction of Nellis Barnes Foster, M. D., Associate Physician to the New York Hospital; Associate in Biological Chemistry, College of Physicians and Surgeons, Columbia University. Pages 70. Cloth. Price, $1.00. E. B. Treat & Co., 241-243 West 23d St., New York.

A vast amount of literature on gout has been published, much of it worthless. This little work is a summary of the best ideas on the pathogenesis, symptoms, and therapy of gout, giving the results of the author's researches and experience. Professor Strauss is one of the great clinicians of Berlin and unusually well qualified to prepare such a work as this. In considering the therapeutics of gout, special stress is placed on the individual demands of the case rather than a general scheme of conducting all cases. The treatment of gout is considered under the heads of dietetics, water "cures," drugs, physical methods and hygiene. The suggestions given are very practical.

This book is the eighth volume in the series of Clinical Treatises on The Pathology and Therapy of Disorders of Metabolism and Nutrition. The books are well bound and make a useful set in the physician's library.

♣ ♣ ♣

DERMATOLOGY IN ABSTRACT. A Guide to the Clinical Study of Diseases of the Skin. by Wilton H. Robinson, M. D. Pages, 175; leather; price, $1.00. Medical Abstract Pub. Co., 219 Sixth St.. Pittsburg, Pa.

This little book is the latest addition to the vest pocket Abstract Series on medicine. These books are issued primarily as guides to the student in the clinic room but the practitioner will find them convenient for quick reference.

In this book the various skin diseases are arranged alphabetically and etiology, symptoms and treatment given. The second section of the book is devoted to symptomatology, the principle symptoms of skin diseases being arranged alphabetically with the diseases in which they oc-

cur appended. This arrangement makes it possible to refer quickly to the principal diseases that present a certain symptom. A formulary is appended, presenting a good collection of prescriptions. The book is substantially bound in leather.

THE PHYSICIANS POCKET ACCOUNT BOOK. By J. J. Taylor, M. D. Full leather, 24 pages of practical instructions for physicians, 216 pages of accounts. Price $1.00 per copy. The Medical Council, 4105 Walnut St., Philadelphia, Pa.

This book is a most complete and at the same time simple and thoroughly efficient account book. Furthermore, it is absolutely legal and can be presented in any court of justice. It does not make use of any hieroglyphics, but everything is entered in plain language, and any judge can understand it.

The book contains 24 pages of Business instructions for physicians, which have been found very useful and correct in a long and varied practice, under the headings of "Importance of a due bill," "Fees," "Billing and collecting," "Cautions," "Statute of Limitations," "Form for wills," "Dying declarations," "Saving and investing," "Instant treatment of poisoning," etc. It also contains an average fee bill which has been found to work out correctly in practice.

The book contains 216 pages for accounts, of which eight pages are devoted to alphabetic index, 146 pages are devoted to regular accounts, 32 pages to short accounts, 24 pages to cash accounts, and eight pages to birth, death, and vaccination records.

This book has the advantage that entries can be made in a fraction of a minute, right upon the spot, thus insuring that none will be omitted on account of procrastination. The book being always in the physician's pocket, It is always up to date, never requiring any postng, and when he meets a debtor on the road who inquires about his account, he can inform him at a moment's notice and thus collect what the debtor has to pay at that time, instead of putting off an answer until some convenient season and thus missing that payment.

LITERARY NOTES

We have received several inquiries recently asking about a good work on nose and throat diseases. The new edition of Dr. Seth Scott Bishop's work will be found satisfactory.

The "Backbone Calender" issued by the Backbone Publishing Co., of Chicago, is very unique. It is made of embossed leather and bears the inscription "Keep Smiling." It can be used year after year, by inserting new dates. The price of this calender is $1.00.

The Lancet-Clinic, of Cincinnati, has enlarged and now has a page the size of the other weekly journals. The Lancet-Clinic is one of the few medical weeklies which has flourished in spite of the attempt of the A. M. A. officers to crush out all the other weekly journals.

A year's numbers of The Recorder when bound, make a useful volume for reference. We bind the year's numbers in black leather and cloth for 65 cents and return the volume by prepaid express. We will supply any missing numbers without charge. We do not pay transportation on any binding except The Recorder.

Leading articles in the Cosmopolitan Magazine for January, are: "Charlemagne," illustrated, by Charles Edward Russell; "No Peace for the Warring World," illustrated, by Sir Edward Hobart Seymour; "Was the Star of Bethlehem a Comet?", illustrated, by Waldemar Kaempffert; "Tragedies of the Sugar Trust," illustrated, by Charles P. Norcross; "The Tear-Drenched Drama," illustrated, by Alan Dale.

THE WISCONSIN MEDICAL RECORDER
$1.00 PER YEAR IN ADVANCE

Published by J. P. THORNE, M. D.
JANESVILLE, WIS.

Gummed labels should be untied as soon as received, separated and kept in a dry place, then they will never stick together. If labels are kept tied tightly in package they will stick together.

We have a few copies left of each number of The Recorder for this year. If any of our subscribers have failed to receive any copies we shall be glad to supply missing numbers. We desire our subscribers to have a full file of the year's numbers.

In remitting kindly send by bank draft, post office money order, express money order or registered letter; if these methods are not available please send one-cent or two-cent postage stamps. Please do not remit by personal check unless fifteen cents extra is added, as banks now charge for collecting them.

No premium labels will be given with subscriptions paid with personal checks unless exchange is added. We are obliged to pay the cost of collecting personal checks, and cannot afford to pay this and give the labels. Subscriptions paid with personal checks will be entered without premium labels and we will stand the cost of collecting in place of giving labels.

A QUESTION OF PHYSIOLOGY

Drawn by Grace M. Norris, M. D.

Patient: Doctor, it hurts me awfully to cough.
Doctor: Then I wouldn't do it.
Patient: But how can I help it?
Doctor: Ah, that's a question in physiology! You'll have to consult a general practitioner. I confine myself to pathological cases.

MISCELLANY

DEEP AIR MASSAGE.

By N. LaDoit Johnson, M. D., Chicago, Illinois.

Professor of Principles of Surgery, College of Medicine and Surgery, Chicago. Attending Surgeon, American Hospital. President of the College of Medicine and Surgery.

The profession in general has become fairly well acquainted with Bier's Congestion Treatment for the relief of pain and various neuralgias. In this treatment, the end desired is the accumulation of white blood cells in the affected area. This relieves the inflammation or congestion as the excitation of the leucocytes means a rapid elimination of the inflammatory products whether of bacterial or other origin. In practically all of the conditions where an inflammation is present, except in malignancy, Bier's Congestion Treatment, if not a cure in itself, is a great adjuvant. To be sure, there are conditions, though happily rare, in which the congestion treatment is not indicated. The name of the new instrument which I am desirous of introducing at this time is known as the Peristalt. It is a long cylindrical pump with a double perfect fitting valve on the end of the piston and a counter or release valve, controlled by the thumb, in the handle of the pump. There are different sized cups which can be readily attached to the distal end of the pump for application to the surface of the body, to which the application is to be made.

The Biers treatment provides for the congestion of the part affected. The Peristalt has the same advantage as the Biers pump in accomplishing this particular end, while in addition to that, owing to the valve which is situated in the handly of the pump, the operator can easily change the treatment to one of forcing the blood out of the tissues by suddenly releasing the vacuum with the valve, with an air cushion afforded by the reverse action of the pump.

Thus, we have a two-fold action in one instrument, the ability to engorge the tissues immediately under the instrument and also to drive the excessive quantity of blood back out of the tissues. This, of course, does not do the damage to the structure that the application of hands or instruments would do. The old fashioned method of cupping for acute and subacute inflammation has really never gone out of practice. To be sure, in our practice today, many men instead of applying treatment mechanicaly, have trusted to the action of drugs. However, the more advanced members of the profession, or more correctly speaking, the students of therapeutic healing, have always adhered more or less to the cupping in certain conditions, and with very marked success; therefore, the Peristalt is an instrument which will be welcome to the armamentarium of the progressive practitioner. I have seen the application made for acute rheumatism in the lower limbs and a permanent relief afforded in the course of thirty-six hours. This application with the pump was made over the area from the lower dorsal to the upper sacral regions with sufficient engorgement to cause the skin to turn purple. This requires from fifteen to twenty minutes with the Peristalt. In my own practice, I have seen patients out of bed walking around at the end of sixty hours. Where a strain has occurred, a wrench or so-called lumbago is present, I have never found anything equivalent to the Peristalt for relief of pain and stiffness. With the advantage of the valve attachment the same as the Biers Congestion Pumps,

the Biers treatment may be readily applied with the Peristalt and in addition be able to force the blood back out of the tissues.

In the treatment of abscess cavities which have been recently opened, or the surface of granulating and unhealing wounds, with the glass cups sufficiently large to cover the affected area attached to this pump, the operator has perfect control, and can produce the required amount of blood pressure in that particular area, thus causing it to heal readily. I use these pumps with a great deal of satisfaction and success in cleaning out abscess cavities following operations where suction is necessary to evacuate the contents. In case of lymphangitis where the bacteria invading the lymph channels are not of a high infectious nature, or where the involvement of the lymph glands is by slow progress, the Peristalt may be used successfully. I believe it has a direct action, owing to the suction force produced, upon drawing the contents of the glands out into the lymph channels, and then the reversed action of deep air massage in forcing the contents to a more rapid absorption and elimination.

Many of the glandular involvments of the neck or the groin can be entirely eradicated by the proper stimulation with the Peristalt. I suggest, however, that in the first or second treatment that the operation be not too severe, as it might increase inflammatory action, or cause the gland to break down and thus turn loose its contents through the general system.

It is impossible to use a congestion treatment for the purpose of absorbing a localized cavity of pus no matter whether sterile or not. The cavity should be opened first and then the Peristalt applied and the results will be more than satisfactory. One great advantage of the Peristalt is the absolute control the operator has of the amount of suction produced by the auxiliary valve in the handle of the pump. For the relief of the various neuralgias that begin along the spinal centers, the Peristalt affords the greatest aid in local treatment that we have. The application should be made first on each side of the spine, pumping it up until the tissue is thoroughly engorged, and then directly over the spinous processes. After engorging thoroughly from top to bottom the action of the pump should then be reversed and the blood forced out of the tissues by the means of deep air massage.

PNEUMONIA.

By H. S. Emeron, M. D., Paterson, N. J.

Mrs. E. D., aged 74 years, of New Durham, N. J., was taken ill in February, 1905. A local physician diagnosed the case as one of acute lobar pneumonia (both lungs) with grave complications. The third day found the patient much worse, and her attending physician and a consultant said there was no possible chance for recovery. At this critical moment, I was called in after the other medical men were out of the case.

I found the patient unconscious with marked consolidaton of both lungs, stertorous breathng, temperature 105-3°, pulse 142—feeble and irregular, respiration 35, and every indication of complete prostration. The previous treatment had consisted of an ordinary fever and cough mixture, French brandy at frequent intervals, and the local application of flaxseed to the chest. Little or no nourishment had been taken.

I suggested the immediate discontinuance of the flaxseed, which apparently had no effect, but was merely sapping the little vitality which remained.

My treatment was as follows:

The immediate substitution of Antiphlogistine in place of flaxseed to the thorax, front, back and sides at intervals of eight to ten hours, and hypodermics of digitaline and whiskey at intervals.

The Wisconsin Medical Recorder

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ELECTRO-THERAPEUTICS

By William R. D. Blackwood, M. D. Philadelphia, Pa.

I have been using electricity in its many forms for more than forty years now, and I do not hesitate to say that many thousands of invalids have been restored to health through it, who would otherwise have died or been chronic invalids of no use to either themselves or the community at large. Physicans have not taken to the employment of this form of force for several reasons—one being ignorance of electro-physics, one the great cost of efficient apparatus, and one the trouble of keeping up machinery because of the doctor's small knowledge of how to repair breakdowns. When the practitioners did begin to look into the matter they simply got hold of a cheap faradic machine and as this was of almost no use whatever, they lost faith in the business and opposed its use if called on to tell what they knew about it, which was, usually, nothing at all. To do work with electricity we require a good galvanic battery, a good faradic machine, a good static machine, a good high-frequency, a good X-ray, a good sinusoidal, and a good magnetic wave generator; without these you cannot do anything in the way of real work, in medical cases, whilst in surgery you need also a cautery transformer if connected with the street-current, which is the better way of course. If you care to go deeper you may also get into line with the several light lamps—the ultra-violet, the high-power arcs, and others not worth looking into just now. I have not, after many trials, gotten results worth while from the X-ray apparatus in anything beyond locating foreign bodies such as bullets, fractures, and the like, and in the light business I do not feel encouraged to spend much time or money on machinery. I do not care to take up space in The Recorder with descriptions of physics, as you can get that from a big lot of books, and I will simply talk about how to use the current needed in a number of disease conditions which may come to you in daily practice.

The most frequent disorder you will meet is the paralytic series, and in winter time the commonest is the so-called "Bell's paralysis," a temporary destruction of nerve force in the facial muscles. This is not due to hemorrhagic effusion inter-cranially, as in hemiplegias, but is simply a chilling of the peripheral nerve ends. Galvanism is here indicated, one pole (negative.) on the nape of the neck, and the other over the affected region, moving this one about whilst the other is kept steady on the spine. In many instances a single dose will do the work after weeks of inefficient strychnia or other medicines. Use 10 to 50 milliamperes, daily. Of course you will meet cases where many doses are required, but in the long run the paralysis will disappear. Remember to differentiate between brain lesion and cold—one needs systematic treatment with the electricity, the Bell's does not.

In hemiplegia we need to let electricity alone till it is sure that the brain ef-

fusion has become hardened, the blood which was the cause of pressure clotted, otherwise we may again produce intercranial hemorrhage by the stimulation of the current. Better wait a month than do more harm. Applications should be made with the negative above and the positive below over the affected muscles. After giving galvanism to the muscles it is well to give central faradism, one pole on the solar plexus and the other all over the paralyzed region. One way is to hold a pole in your hand and rub with the other over the region. Next month I will give something in another direction.

GALLSTONES AND SODIUM SUCCINATE

By WILLIAM F. WAUGH, A. M., M. D., Chicago, Ill.

I have been requested to write for The Recorder something on the treatment of gallstones by the use of the succinate of soda. This remedy was brought to my attention many years ago, by a Philadelphia pharmacist, who had noted the excellent effects following its use in many cases. I tried it, and have now employed it for more than a quarter of a century, and have as yet had no failure with it. But it is necessary to know just what may be expected of it.

Sodium succinate is not a remedy for gallstone colic, or of any use during that paroxysm. For relief here I rely upon a combination of glonoin and amorphous hyoscyamine, a quarter milligram or 1-250 grain each, with a half milligram or 1-132 grain of strychnine arsenate. These are administered in combination, dissolved in a little very hot water, and repeated every ten to thirty minutes until sufficient relief has been secured, or until the mouth begins to feel dry. If the relief is not then complete I administer a few whiffs of chloroform. But if the relief is not enough, or if the pains recur with undiminished intensity, I take this as an indication that we have to deal with a mechanical condition that requires mechanical relief, and that immediately—such as impaction of and ulceration from a large calculus, where nobody could seriously look to drugs as capable of affording a cure. No rational man will neglect to employ surgical intervention when it is needed. The intolerable itching that will follow is quickly and completely relieved by a full sweating dose of pilocarpine.

We now come to the time to give soda succinate. Give five grains before each meal and just before going to bed; and keep this up for a year. During this period the paroxysms of colic will come less frequently and less severely, until well within the period they will have ceased altogether. Continue the soda as long as there is a trace of bile to be detected in the urine and at least a month longer. It may be that "there is no medical treatment for gallstones," but after my unbroken experience of this long time, it will take more than the word of a surgeon who has never used the method and knows nothing about it, to convince this Missourian.

What does the succinate do? Does it dissolve the calculi? I do not know. My work has been clinical, and as all my patients recovered, I have never had a chance to do post mortems and find out just what has been the effect of the treatment anatomo-pathologically. But I do not believe the salt dissolves the calculi, although my friend Dr. Tracy of Boston, says it does. I do not look on the presence of the stone as the essential feature of the malady, or its removal as the main indication. It is now known that about one-tenth of us have gallstones, as proved by hundreds of thousands of autopsies. Very few of those thus affected ever suspect it. An ex-

ceedingly small proportion ever display the characteristic symptoms of gall-stones. In other words, no more harm results from the presence of the stone than from a bullet after it has become encysted in the tissues, if as much.

The true object for our therapeutics is the infective disease of the biliary passages, which renders them unduly irritable, when the stone acts as an irritant and makes its presence unpleasantly manifest. It is my belief that this infective disease is cured by the succinate, and then the stone does no harm, being tolerated by the gall-bladder whose walls are not inflamed.

In support of this view I ask, have you known any case where the stone was removed and the patient was cured thereby? I have known many such operations, and not one was cured, but continued to suffer, and in some cases several operations were necessary, and finally soda succinate accomplished the cure it could have worked without any operative aid. Besides, the operation is not devoid of peril—not by any manner of means. The tendency to uncontrollable hemorrhage is well known as attending such cases.

The difficulty is our old and incorrigible one: We undervalue ourselves and our services. Since the operation is a perilous one, and entails a cost to those able to pay averaging at least $500, to say nothing of the time from business and the suffering, I feel it is no more than just that if I cure the patient without danger, suffering or detention from business, he should pay me $1000 for my superior skill in handling his case in this manner.

During the past four years I have been testing another remedy here, and it has proved too valuable to be passed over without notice. This is dioscorein. I began giving it in the later stages of the paroxysm, when the relief from hyoscyamine was not complete but yet too decided to admit of operation. When the pain came back in a modified form also I have been giving dioscorein, and of late have utilized it in the milder forms of the spasm. It is worth a trial.

A final word as to the rationale of the triad combination advised: Hyoscyamine is the greatest of antispasmodics, and the pain of gallstone colic is due to spasm of the circular fibers of the gall-duct involved. Hyoscyamine is a more powerful antispasmodic than morphine. Glonoin relaxes spasm much more quickly, hence it is given; but its effects are too evanescent, and they are deepened and prolonged by hyoscyamine, which acts more quickly for the presence of glonoin. Strychnine arsenate energizes the longitudinal fibers and hastens the extrusion of the stone, and restores the control of the central nervous system, which is lost in spasm. Arsenic is a useful antiseptic in the duodenum, always involved with the biliary passages, and usually the source whence their infection is derived. By the same token, it is necessary to keep the whole alimentary canal clear and aseptic during the treatment—this is so much a routine with me that I neglect to say it sometimes. Compare with the morphine treatment, where so many lives are lost, the pain antagonizing the drug until the stone rolls into the duodenum, when the antagonism ceases, and the patient dies narcotized. Nothing like this ever occurs with hyoscyamine.

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Amoebic Dysentery: Dock reports favorably on the treatment of amoebic dysentery by ipecac. He gave 4 1-2 to 7 1-2 grains in salol-covered pill every hour, up to 60—105 grains a day. Vomiting was rare. Within a few hours the amoebae disappeared from the stools, which became more healthy. The cures proved permanent. The colon might also be medicated by enemas. Vomiting may be avoided by employing emetine instead of the crude drug.

PHYSIC IN YE OLDEN TIME

By D. L. Field, M. D., Jeffersonville, Ind.

The origin of medicine may be said to have been in Egypt. It was the source from which most of the arts and sciences have been derived. The country was regarded as the most renowned seat of wisdom. They bestowel the noblest labours, and finest arts on the improvement of mankind; especially as regards his physical development, and a strict regard for the rules of health. It is a fact, that Moses learned the science of sanitation, and the laws of health from the Egyptians, as it is written in Holy Writ, that "he was learned in all the wisdom of the Egyptians."

The kings of Egypt freely permitted control of the quantity, and the quality of everything they ate and drank. The king's table was covered with nothing but the commonest foods, because eating, in Egypt, was designed, not to tickle the palate, but solely to satisfy the cravings of hunger. This rule accounts for the longevity of the Egyptians, and is a lesson to modern epicureans who frequent clubs, and gormandize on highly sophisticated viands, and all manner of gustatory indulgence to such excess as to destroy health, and shorten life. One would conclude, from the history of the Egyptians, that the rules governing their diet and habits, had been laid down by eminent physicians, who were attentive only to the health of the king, rather than by legislation.

Plutarch says: "There was a temple at Thebes, which had pillars inscribed with imprecations against that king who first introduced luxury and profusion into Egypt."

They invented and developed the science of physic. The sick were not abandoned to the arbitrary will, and caprice of a physician. He was obliged to follow fixed rules, which were the observations of old and experienced practitioners, and written in their sacred books. While these rules were observed, the physician was not answerable for the success; otherwise, a miscarriage cost him his life. This law checked, indeed, the temerity of empirics; but then it might prevent new discoveries, and keep the art from attaining its just perfection. Every physician, if Herodotus is correct, was confined to the treatment of one disease only. So they had "specialists" in those times!

It may not be inappropriate here to describe the manner of embalming the dead, in Egypt. The honors which have been paid in all ages, and among all nations, to the bodies of the dead, and the religious care which has been taken of sepulchres, seem to imply a universal persuasion, that bodies were lodged in them as a sacred deposit. The sepulchres were magnificent; and besides they erected such numbers of sacred monuments, destined to transmit to future time, the memory of great persons. They were regarded as the mansions where the bodies were to remain for a long succession of ages. When any person in a family died, all the kindred and friends quitted their usual habits, and put on mourning, and abstained from baths, wine, and dainties of every kind. Their mourning continued forty, and seventy days, according to the quality of the dead. Bodies were embalmed three different ways. The most magnificent was bestowed on persons of distinguished rank, and the expense amounted to about $600. Many hands were employed in the ceremony. Some drew the brain through the nostrils, by an instrument made for that purpose. Others removed the intestines, by cutting a hole in the sides, with an Ethiopian stone made sharp as a razor; after which the bodies were filled with perfumes, and various odoriferous drugs. As this evacuation, which was necessarily attended with some dissection,

seemed in some measure cruel and barbarous, the persons employed in it, fled, as soon as the operation was over, and were pursued with stones by the bystanders; but those who balmed the body were honorably treated. They filled it with myrrh, cinnamon, and spices. After a certain time, the body was swathed in lawn fillets, which were glued together with a very thin gum, and then crusted over with the most exquisite perfumes. By this means, it is said, the entire figure of the body, the very lineaments of the face, even the hair, the eyebrows, and the eyelashes, were preserved in their natural perfection. The body thus embalmed, was delivered to the relations, who shut it up in a kind of open chest, fitted exactly to the size of the corpse, then they placed it upright against the wall, either in their sepulchre, if they had any, or in their houses. Such were the mummies. This shows the care the Egyptians took of their dead. Such ceremonies were performed in the funeral honors paid to Joseph.

It was a consolation among the heathen, to a dying man, to leave a good, name behind him; and they imagined that this is the only human blessing, of which death could not deprive them, which is true yet.

Honors were not paid to the dead indiscriminately. The honor was to be obtained only from the public voice. The assembly of the judges, met on the other side of a lake, or stream, which they crossed in a boat. He who sat at the helm, was called Charon, in the Egyptian language, and this first gave the hint to Orpheus, who had been in Egypt, and after him, to the other Greeks, to invent the fiction of "Charon's boat."

As soon as a man was dead, he was brought to his trial. The public accusers were heard. If he proved that the deceased had led a bad life, his memory was condemned, and he was deprived of burial. The people admired the power of law, which extended even beyond the grave, and everyone was struck with the disgrace inflicted on the dead person, and was afraid, therefore, to reflect dishonor upon his own memory, and that of his family. (Would be a good rule now!) If the deceased person were not convicted of any crime, he was embalmed or interred in an honorable manner. A still more astonishing circumstance in this public inquest upon the dead, was, that the throne itself, was no protection against it. Kings were spared during their lives, because public peace was concerned in this forbearance; but their quality did not exempt them from the judgment passed upon the dead, and even some of them were deprived of burial. The custom was imitated by the Israelites. We see in the Scriptures, that bad kings were not interred in the tombs of their ancestors.

The care to preserve bodies, without lodging them in tombs, exposes their wretched state, since whatever care may be taken, spectators see nothing but the melancholy, and frightful remains of what they once were. The custom of burning dead bodies, has something about it cruel and barbarous, in destroying that which was near and dear to us. The interment is certainly the most ancient, and religious. It restores to the earth, what had been taken from it, and prepares our belief of a restitution of our bodies to that dust of which they were first formed.

The Egyptians had an inventive genius, and they were an investigating, studious, and skillful people. The first libraries were in Egypt, and the titles they bore, inspired an eager desire to enter them, to dive into the secrets they contained. They were called, "the remedy for the disease of the soul," and that very justly, because the soul there "was cured of ignorance, the most dangerous, and parent of all other maladies."

"By study, and application, they invented, and developed, the science of

physic." They had a poor opinion of gymnastics which did not contribute to invigorate the body, and improve health; and they regarded music as ennervating, and therefore, dangerous.

(To be continued).

LUNG GYMNASTICS

By C. E. Belcher, M. D. Leetonia, Pa.

TO THOSE WHO DO NOT KNOW HOW, AND OTHERS.

Lung gymnastics is a matter of vital importance in my opinion. I am in the habit of giving my patients a talk like this:

The first proposition for your consideration, is undoubtly the fact " that you do not know how to breathe." An all wise, wonder working God, has placed at your command, and for your constant use, (for thousands of miles each side of you and for forty miles above you), many, many millions, of cubic feet of life giving oxygen; the atmosphere is charged with this precious elixir, it is yours for life; it is yours for destruction, if not taken and used as intended by an all wise and beneficent Creator, whose laws are kind, but firm, whose laws if obeyed bring health, content, and happiness; if disobeyed, disorder, illness, discontent and death, are sure to follow.

We are prone to commit omission, particularly, in our regard of the immutable laws of our mighty Maker, by which alone our acts, and lives should be governed.

Habit, and environment, with a dash of indolence, have done much toward this state of improper, and indolent neglect on our part, of normal correct inhalation of this freely bestowed air, we are too prone to a life of ease, too much in love with rest. We long to be led by the "still waters"; we court the siesta of the shade; better jump out into the open, look up, fill up, take all that is coming to you, don't allow the other to wear the roses, while you dust on the talcum, simply from the fact that you lack the energy which he possesses. Don't fear the word "grafter," take all you need, and then some, it is the cornucopia of the air, filled to repletion with the fruits, and the flowers of a life laden, God given surrounding.

Learn to breathe, and begin to live. It is not a complicated act, this breathing, it is a most natural one.

Allow me to instruct you.

Stand erect at an open door or window, and alone (the strain will be off) throw back your shoulders, throw back your head, look up, believe for the moment that something new is coming, you will not be disappointed, inhale leisurely through the nose until the ultimate recesses of the lungs are filled, use no exertion, simply take in your fill of air, then through half closed lips, slowly exhale, empty those lungs which never before were thoroughly filled, or emptied; slowly elevate the arms above the head, then closing them over the breast, and breathe entirely out, take a moments rest. Is there a dark side to life, anywhere? Don't look at it, there's a bright one, look at that.

Then comes the next little stunt.

Bend your whole upper body to the left, and breathe in as before, thus filling the right lung, breathe out again, slowly, while bending your body to the right, thus forcing the air from the right lung. Treat the left lung in the same manner, by bending to the right and filling it, empty it by bending to the left, as you breathe out.

You will receive a salute, from Heaven, a sense of new lightness, a salubrious happy glow, will pervade your whole being. You have now for the first time in all your life, "flushed out

your lungs.'' You should make use of this treatment several times a day, for two or three minutes when beginning, later for five or ten minutes for each exercise. In this manner you will open up the peripheral, or extreme outer air cells, increasing the capacity of the lungs, by opening up, and placing in action, those outside cells, which heretofore have been but a breeding place, and Lazaretto for germ life, which either occupy space intended for salutary distribution of air, or, which develop in this warm, moist repository, (in which they have no right, but which they have pre-empted) and there breed for destruction, not only of the parts involved, but by absorbtion, passing out into the life stream, to poison the whole fabric of one's being.

In this manner I endeavor to alleviate some of ills of a long suffering but very patient ''bunch'' of people, good and bad.

Now a word with my collaborator, the Doctor. The vast importance of ''pulmonary calisthenics,'' is now receiving the attention of the medical profession, the world over. Beauty specialists and exponents of physical culture, have forced this (once called fad) upon us and I doff my hat to them.

Did it ever occur to you, Dear Doctor, that our derma becomes very much hypertrophied? That some very bright eyes look upon us, as a species of ''mossback?'' Did it ever occur to you that much we have have been taught, and for years have practiced, honestly at that, has been relegated to the rummage department? Does not deep breathing supply us, and freely, with the antitoxin from the mystic laboratory of God? A potent germicide if taken in a manner by which, ''it will reach the spot.''

That octopus, ''The Great White Plague'' will ultimately be stamped out, leaving but memoir's of horror. The nuptials of the miasma bred germs of turbuculosis, will be annulled. Science will divorce, law will segregate, air and nuclein will fight shoulder to shoulder with the courts. That ''hypo'' who sits up, humped in imitation of a measuring worm, calling your attention to her flattened thorax, and to ''my nerves,'' while brooding over her supposed wrongs, quenching her womanhood, ''the remnant of it left'' in crochety, spasmodic tear squalls, while perverting her very soul, ''will set up and take notice'' if taught, how to breathe, she will brighten up, and live, if she will but develop, the latent forces within her. Bromine, is a mausoleum, it covers, do you ''dope them yet?''

I well knew a young man, who became, ''of age,'' proud day that. He went from that farm as perfect a specimen of young manhood, as one would find. He sought for, and obtained, a situation, as driver for a stage company, proud day that. His business was to guide that team, once in a while to apply the brake. He, very wisely picked up those reins, assumed that, ''teamsters hump,'' you have noticed it, and chewed, and expectorated, more freely than before. He was ''going for himself'' now, his job was dead easy; in six months he couldn't breathe; strophanthus, digitalin, nitroglycerine, strych. sulph, Still desparately short of breath he tired of it and consulted a ''quack'' who taught him to breathe, and restored those ennervated muscles by proper use to normal tone and he is a very strong young man now. The old family doctor lost a part of his fee, and some of his reputation. Did that young man consult a ''quack?'' The dear old doctor, continues to ''swab'' an ulcerated sore throat with tr. ferri chlo. and continues to pour it into them, if it can pass the pork rind around their necks, while within gun shot, the distributor of an acknowledged potent germicide freely furnished by the state, ''stands idly by'' as the procession leaves the house.

I find myself approaching the realm of truthful asservation, a continuance of which would gall.

DERIVATION AND CHARACTERISTICS OF ACTIVE PRINCIPLES

By George L. Servoss, M. D. Fairview, Nevada

(Continued from Page 7 January Recorder)

BOLDINE ALKALOID.

From the same source as Boldin, glucoside. It is obtained as a grayish-white, alkaline, bitter powder, soluble in alcohol, chloroform and ether, almost insoluble in water. Has much the same actions as the glucoside and in addition is said to have hypnotic effect. It increases the elimination of urea and the secretion of bile. Recommended highly in treatment of gall-stones. Used in hepatic diseases in combination with calomel. Merck recommends it in insomnia and gives the dose as 1-30 to 1-10 grain.

BOLDIN GLUCOSIDE.
(ROLDO-GLUCIN)

A glucoside from Peumus Boldus, obtained as a syrupy liquid, soluble in alcohol. Merck gives the questionable formula of $C_{30} H_{52} O_8$. According to Merck's Index it acts as a cholagogue, diuretic, and tonic and the dose is given as 1 to 3 grains and it is recommended in diseases of the liver and in rheumatism.

CAFFEINE.

The alkaloid of tea, coffee and other plants, obtained in white, fleecy masses of long flexible, silky crystals, and of bitter taste. Soluble, one part in 7 of chloroform, 55 of alcohol, 80 of water and 555 of ether at 15° C.; (45.6 of water, 53.2 of alcohol, 375 of ether and 8 of chloroform at 25°C., and in 17.1 of alcohol at 60° C., U. S. P.) Merck says that the solubility is increased by antipyrine, potassium bromide, sodium benzoate, or sodium salicylate. Melts at 236.8°C., and sublimes at 178°C. Merck's Index gives the actions as diuretic, cerebral stimulant, cardiac stimulant and muscle invigorator. Used in nervous headache, neuralgia, heart failure, cardiac dropsy, chronic nephritis, collapse, etc. The chemical formula is $C_8 H_{10} N_4 O_2.H_2 O$, or, $N (C H_3). C H: N C: C O. N (C H_3). C O. N .(C H_3).H_2 O$. The dose is given from 1 to 5 grains, maximum single dose 15 grains and daily dosage 30 grains. Smaller doses, 1-67 to 1-6 grain at frequent intervals, have been found to be as effective as larger ones at greater intervals. There are numerous salts of Caffeine, most of which have the same action as has the alkaloid and are used in similar manner and dosage.

CANADINE.

Merck's Index mentions this an active principle from the root of Hydrastis and says that it is obtained in white, somewhat glossy, needle-like crystals, soluble in alcohol and melting at 132.5 C., with the formula of $C_{21} H_{21} N O_4$, but does not give any actions, uses or dose. The Hydrochloride salt is obtained in white crystals, soluble in alcohol, very slightly in water and with the formula of $C_{21} H_{21} N O_4. H C_1$ Merck says that it is without action upon the uterus. Gives no other indication, use or dose.

CANNABIN.

A resinoid from Cannabis Indica. Obtained as a greenish-black extract-like mass, soluble in alcohol and ether. It has the actions of the plant, being hypnotic, narcotic, and analgesic. It is reputed to have some aphrodisiac action, but this is disputed. Used in nervous conditions, and as a relief in gout and rheumatism and other painful affections. Merck gives the dose as 1-4 to 1 grain.

CANNABINON.

Merck cites this as a balsamic resin from the tops of Cannabis Indica, obtained in a dark-brown, sticky mass, of very disagreeable taste, soluble in

benzene, alcohol, chloroform, ether and oils; insoluble in water. Actions and uses and dose same as of Cannabinine.

CANTHARIDIN.

Cantharidin, $C_{10} H_{12} O_4$, is the active principal from Cantharides. One authority describes it as the anhydride of cantharidic acid, in the form of crystalline, rectangular ,colorless plates, slightly soluble in water and cold alcohol, readily soluble in hot alcohol, ether, chloroform and fatty oils. Merck gives the metling point as 218° C. It acts as a stimulant, vesicant and aphrodisiac and is used in lupus and tuberculosis and in diseases of the genito-urinary tract. Dose 1-5000 grain to effect.

CAPSICIN.

Capsicum contains a crystalline principle, but it has been found that the action is gained from the resinoid, Capsicin, which is obtained in a soft, reddish-brown mass, soluble in alcohol and ether. Internally it stimulates the abdominal nerve ganglia, while externally, it acts as a rubefacient and anodyne. Like the Capsicum, from which it is derived, this active principle is employed to promote digestion, and is a valuable agent in this respect. Externally, it is employed as a counter-irritant, to secure its anodyne effect. Merck gives the dose as 1-10 to 1-4 grain 3 or more times a day, but it has been found that 1-134 grain at more frequent intervals gives equally good results.

CAULOPHYLLIN.

A concentration from the rhizome and roots of the Caulophyllum Thalictroides, blue cohosh, obtained in a brown powder, soluble in alcohol. Principle action is upon the uterus and is emmenagogue. It also acts as a diruretic, diaphoretic and anthelmintic. It is employed mainly through the parturient state, but is indicated in painful affections of the uterus. Is said to have some expectorant action. The dose recommended is 1-6 grain, at frequent intervals to effect.

CARPAINE HYDROCHLORIDE.

Is the salt of the alkaloid, Carpaine, derived from the Carica Papaya (Tropical Melon-tree). It is obtained in white, bitter crystals, soluble in water and with $C_{14} H_{25} N_{02}$. $H C_1$. It acts much like digitalis, as a cardiac tonic and diuretic, and is used in mitral disease. Merck gives the dose 1-6 to 1-3 grain.

CEANOTHIN.

This is an Eclectic remedy mentioned in Merck's Index and is the active principle from Ceanothus Americanus(New Jersey Tea), and is obtained as a brown powder. Said to be purgative and alterative and useful in syphilis, dysentery and sore throat. Merck gives the dose 1 to 2 grais.

CELASTRINE.

The active principle from Celatrus Edulis, obtained in minute, white crystals. Merck gives its action as a stimulant with same uses of Coca.

CEPHAELINE.

This principle accompanies Emetine in Ipecac. It is isolated as snow-white, fine interlacing needles, which rapidly turn yellow, is soluble in ether and caustic soda, melting at 96 to 102° C. More emetic in action than Emetine, although the latter in large dose obtains the same results. This is a very high priced drug and as Emetine is much cheaper and fills all the indication, Cephaeline is employed but very little.

CETRARIN.

A bitter principle of Iceland moss and is obtained in the form of a white, crystalline, bitter powder, soluble in alkalis and their carbonates, in boiling alcohol, slightly in water, in cold alcohol and ether and has the formula of $C_{30} H_{39} O_{12}$. Merck says that it acts as a hematinic, stomachic, expectorant and antemetic. Kobert says that it increases intestinal peristalsis. Merck

recommends its use in chlorosis, incipient phthisis, bronchitis, disgestive disturbances with anemia, persistent vomiting, etc. Is said to be a prophylactic against elephantiasis. Merck gives the dose as 1 1-2 to 3 grains.

CHELIDONIN.

One of the active principles of Chelidonium Majus and an alkaloid, which is isolated in white crystals, soluble in alcohol, chloroform, very slightly in ether and insoluble in water, melting at 135° C., and with the chemical formula of $C_{20} H_{10} N_{95}. H_{2 0}$. It has much the same action as Morphine, without many of the disagreeable effects. It is used to relieve gastric and intestinal pains, the salts of the alkaloid only being employed. Merck lists the Hydrochloride, the Phosphate, dose 1 1-2 to 3 grains, the sulphate and the tannate, dose 3 grains. One authority says that Chelidonin may be given in large doses, 1 to 30 grains ,six to eight time a day, in old cancerous cases.

CHIONANTHIN.

This is a dried, concentrated extract, derived from the root-bark of Chionanthus Virginica, and is obtained in a brown bitter powder, soluble in alcohol. It is highly favored by the Eclectics as a most valuable hepatic stimulant and alterative. It is indicated in jaundice, bilious conditions and catarrhal states of the bile ducts, and is the remedy of choice in acute congestion of the liver. The dose is from 1-6 to 5 grains.

CICUTINE.

Cicutine, also known as Coniine, is an alkaloid from Conium. It is a volatile liquid, lighter than water, decomposing in the air, and darkening by age and exposure to light. It is soluble in alcohol, ether, chloroform, benzene, amyl alcohol and acetone, and boils at 166° C., with a chemical formula of $C_8 H_{17} N$. Like Conium, from which it is derived it acts as a sedative, narcotic, anodyne, soporific, antispasmodic and anaphrodisiac and is indicated in many nervous conditions, especially maniacal excitement, chorea and whooping cough. The dose is given as 1-134 grain to effect. The Hydrobromide salt, containing 60.7 per cent of the alkaloid is employed to a very considerable extent. It is obtained in small colorless, rhombic prisms, and the dose is 1-67 grain, repeated to effect.

CINCHONIDINE—CINCHONINE

These alkaloids of Peruvian Bark are employed to such a limited extent, Quinine in one form or another being used, that it will not be necessary to discuss them. It is said that the first mentioned has been employed as an adulterant of Quinine, and the only value possessed by the latter, is its insolubility and that, on that account it may be employed when a bitterless preparation of the drug is desired. It is slow of action, because of the slow solubility.

CITRULLIN.

Citrullin is listed in Merck's Index as a resinoid from Citrullus, obtained in a yellow, amorphous powder, soluble in alcohol and ether, with cathartic action and used as a general purgative per rectum. Used in veterinary medicine. The dose recommended is 1-6 to 1-3 grain, dissolved in 15 minims each of alcohol and glycerine and diluted with water.

CLAVIN.

This is listed by Merck as one of the active principles from Ergot. It is obtained in colorless crystals, with a formula of $C_{11} H_{22} N_2 O_4$, and is soluble in water, dilute alcohol, insoluble in absolute alcohol, ether, benzene, or acetic ether. Merck says that it acts as a powerful oxytocic and is used where ergotin is indicated, but unlike the latter, causes no spasm, or other toxic effects, and no gangrene. The dose recommended is 1-3 grain, either internally or hypodermically.

(To be continued.)

THIRTEEN UNCANNY TALES

VI—THE VENGEANCE OF A SKULL

By GRACE M. NORRIS, M. D.

A trio of college students assembled as was their custom on each Friday night at a Park Garden, in the city of Sacramento. It was a gloomy November evening, cold and chilly in the wind, but not to sit in the air under the protection of the wooden structure which enclosed two sides of the cafe. The oppressive atmosphere and the curriculum of the college had not crushed every spark of the buoyant nature of the student. The surrounding tables were filled with people, drinking various beverages, strong or weak according to their preference, or partaking of the famous coffee of the far-famed cafe. The gaiety seemed sacrilegious in the solemn presence of approaching winter, that long depressing season of continued tears and sobs, which characterize the winter season of the California climate.

On this evening in question the clouds seemed lower than usual; the wind fitful and spasmodic, and it came in weird sighs, that stole in mockingly between the peals of music and laughter, and started everyone in their jestful mood. The gas jets flickered and waved, and the dry leaves fluttered from the limbs of the trees, and floated in the wind. The footsteps outside and the chatter of passing groups, filled the air with a medley of sounds and broke the sepulchral quiet of the place.

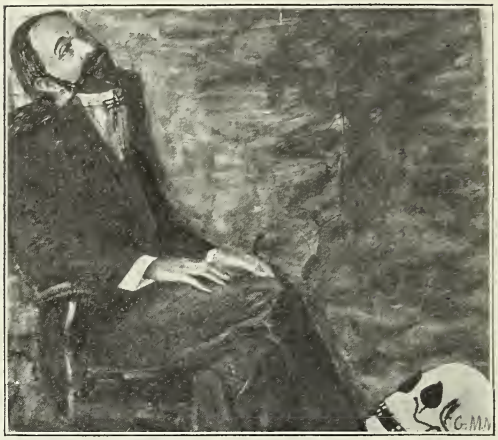
A trio of college students

"Old Homestead" was billed at a local theatre, for the night, and two of the party were desirous of seeing the production of the rural scenes of New Hampshire portrayed. The subject was mentioned, and Woodville, who was reading a letter looked up and consented to the arrangement of the program, and picking up a package at his feet that he had received by express, on their way to the cafe, announced he was ready.

Gardiner was the only son of wealthy parents in Seattle, and purchased box tickets for the three, for as a rule, he was well supplied with money at all times. On account of the rush for seats, caused by the fame of the leading actor, Denman Thompson, the only seats they were enabled to obtain were chairs in a box occupied by a gentleman and two ladies.

As the play proceeded the emotions of the drama stirred the spectators, as the scenes of the play were laid in the rural districts of the pine clad mountainous country of the East. The middle act was in progress and the

invisible choir of Grace Church was singing in the best style, the beautiful and pathetic song, "Where is my wandering boy tonight." The house was listening with entranced attention and delight, and here and there were tears of pallid ectasy, when Schooler, hearing the rustling of paper beside him, turned suddenly toward the sound and a jerk of his elbow accidentally knocked a large, white object, that Woodville was unwrapping from the package. It was a skull, which he had knocked from the hand of his friend and sent spinning towards the front of the box. Its flight was impeded by the man's foot. He supposing, perhaps, that an opera glass had fallen, for its weight was deadened by the thick carpet, stooped and picked it up. As he raised it from the floor, he saw the sightless orbits and grinning teeth, and the jaw of the colossal skull dropped suddenly, and being wide open, some lingering ligament only prevented it falling to the floor. The ladies, uttering expressions of disgust and affright, looked back at the three, in angry surprise; while the man dropped the skull from his hands with a moan of horror and sank back in a state of insensibility. Woodville, who was much shocked that the result of his curiosity had taken such a serious turn, assiduously exerted himself in endeavoring to restore the man to consciousness. The ladies plied their fans and vinaigrettes, the box attendant brought water, and the combined influences of the five succeeded in resuscitating the man. The people in the audience commenced to realize that something was disturbing the house and as the box was nearly all visible to a considerable portion of the audience, it caused a divided attention in the program.



The man dropped the skull with a moan of horror

As the choir of "The Little Church Around the Corner" concluded the song, and the harmonies of the orchestra again swept through the house, while the hurricane of applause rose and fell, Woodville and his companions carried the man to the lobby, where the cool atmosphere speedily revived him. The frightened, cowered expression of his features as he looked around him when he recovered, shuddering and trembling produced some alarm amongst the bystanders, especially to the unintentional producer of the emotion, who feared that a serious shock had been inflicted upon the nervous system, perhaps, to the extent of mental derangement The ladies were greatly distressed and their agitation added to the discomfort of Woodville. The man presently rose, however, from the seat on which they had placed him, and walked to a mirror and arranged his attire.

"Let us go home," he said.

Turning to a theatre attendent, he exclaimed in a tone of great asperity and impatience, "Kindly call for Mr. St. John's carriage." He seemed to have collected his faculties and to remember where he was, and the nature of the incident that had occurred.

"Where are your opera cloaks, we will go at once," he said to the ladies who were his wife and daughter.

They had left their belongings in the box, so Woodville hurried to bring them. Miss St. John followed and took them

from his hand with an expression of anxiety and vexation upon her handsome face which smote Woodville to the heart and made him repent still more deeply for his thoughtless way of opening the package in such a place and company. St. John's opera hat was also there, so he got it and carried it out to the owner and handed it to him and at the same time made a profound and respectful apology for the discomfort he had so unintentionally caused.

With serious faces, discussing the skull

"What! Was it you?" exclaimed Mr. St. John eagerly, the whole expression of his features changing as if his mind had experienced a sudden relief. "You say it was sent you in a package and you read the letter before coming here and then your curiosity was so great that you untied the package to take a peep and this freak thing happened. I accept your apology. I did not regard the matter in that light at all, hardly to be wondered at, though, that one's nerves were shaken a bit, when a filthy thing like that comes to you, like a cannon ball shot out of a gun. Why, young man, I fear you are endowed with a sort of feminine curiosity, like Lot's wife and Blue Beard's better half. Ha! Ha! Well, be careful in the future, boy, for such pranks are dangerous to say the least of it. Such a sudden panic as possessed me might have killed a nervous woman or made a maniac of her for life. Well, well, let us have no more words about the deed. Where is the skull? I will purchase it, if you will part with this grewsome memento of tonight. There's my card, let me see you tomorrow. A freak! Ha, Ha! Bring a skull to see the great Thompson. A skull with a hole in the back of it too! Ah, ha!"

There was something not altogether pleasing in this return to self possession and sudden outburst of hilarity. It required but little penetration to trace the undercurrent of flurried anxiety and disquiet. He shook Woodville's hand nearly all the time he was speaking to him, with a degree of warmth and heartiness which appeared unreasonable and when he had finished, turning to his wife and daughter said, "After all, why should we go; it was only the fancy of the moment that overpowered me; I have recovered myself, let us stay and see the completion of the play."

Accordingly, the carriage was counter-ordered, and the whole party took their places in the box again, the skull being now checked and placed among other parcels in the cloak room. Mr. St. John was extremely conversational during the remainder of the program and chatted and laughed with the students, pertaining to the singular manner in which the acquaintanceship was commenced. A general interchange of cards took place. Mr. St. John seemed to recognize, with respect, the gentlemanly manners and indubitable signs of education and breeding in the behavior of the students, and, with a show of frank carelessness, as of one desiring to enter into the feelings and fashion of young men, invited them to accompany him home and have lunch with them. Observing an expression of cold surprise depicted upon the face of

of Mrs. St. John, however, they declined the invitation on the score that the pleasure would cause too much inconvenience at so late an hour, after an evening of so much excitement.

Woodville had just finished a medical course

"Come, come, don't tell me!" cried Mr. St. John, with a roguish laugh. "I inconvenienced, eh? Whose convenience did you ever study, when you untied that package containing that death's head? From that trait I judged you. You shall come home with me, I say. I demand compliance in return for the trick you played upon me."

In the end Mr. St. John triumphed. "But where's the skull?" asked he, as they were leaving the theater. "You have that, I hope; don't leave it behind on any account."

Woodville held up the package, and assured him so again and again in his replies to his repeated remark that "he hoped it was not left behind.

The ladies proceeded home in the carriage. The gentlemen followed on foot, Gardiner and Schooler walking together and Mr. St. John and Woodville forming the extreme rear of the thrice divided party. Mr. St. John talked incessantly, joked, laughed and appeared in the best possible spirits. He detailed all the gossip of the political and fashionable realms, criticised Thompson, the music of the orchestra, and the actors, recounted the prominent people he had recognized in the house, and for a while, by his animation and eagerness in talking, rendered the conversation little more than a continuous monologue. While Gardiner and Schooler were amused, they could not resist the impression that there was something unreasonable in this excessive gaiety, especially considering the brevity of their acquaintance. The humor of their new companion appeared forced, his laughter hollow and unreal. Woodville, to whom the study of character was naturally attractive, observed this, however, with interest and curiosity. Though Gardiner and Schooler saw nothing very extraordinary in the rattling talk and continuous bursts of laughter, deeming them merely such as might be affected by one who was desirous of making himself sociable, and of erasing any impression likely to come from such an exhibition of nervousness as that caused by the sight of the skull, Woodville's keener penetration and more speculative mind invested St. John with a deeper signification. As he replied briefly to the remarks addressed to him, and smiled with every fresh outburst of merriment, he noted each look, word and tone, and ruminated busily over the various tokens of agitation and recent perturbation he had noticed since the accident of the skull first directed his attention to the individual who walked, with so cheery an air, by his side. The deep groan, the real overpowering and shuddering upon recovery, so excessive, and so unlike the effect of any merely transient emotion, the defiant manner in which he afterward looked around and angrily ordered his carriage; the remarkable relief manifested when the apology accounted for the affair as an entire accident in which there could not, by

any possibility, be a preconcerted object; the immediate change of demeanor, the laughter, and hearty shaking of the hand and the rollicking extravagant mood since displayed; the strange questions about the skull, the desire to purchase it, the anxiety lest it should be left behind, the fact that he had barely caught sight of it before he swooned; and the remark that it was fractured; all these Woodville turned over in his mind with the strong deep interest of one who imagines he has suddenly fallen upon a mystery, and a mystery which appears to involve some of the darker shadows of human life—passion, crime, guilt or fear.

"Ah, Ha! What a meeting this is! I shall remember you students and this lark as long as I live. And who wouldn't, I would like to know, after our introduction at the theater above all places and seasons, over a dead man's skull! But it is an experience few can boast of, if indeed such a thing ever happened before or will happen again."

"The unique experience was reserved for you," remarked Schooler in an off hand manner, " the very one individual who knows how to appreciate it."

Woodville himself could hardly repress a start at the directness with which these few carelessly spoken words chimed in with the turn of thoughts presented to his mind by what he had seen and heard.

Mr. St. John looked sharply at the speaker, as a man might who imagined something of importance had been said, which he has not heard aright. "What?" asked he, in a lower tone than that in which he had been speaking for some time.

"It is a sort of providential thing, I say," explained Schooler with a laugh "that this unique and unparalleled experience should fall to your lot, seeing that you know so well how to unlock the humor of it, which is what few would be equal to."

"You think so, eh?" still looking at him with closer attention; then turning suddenly to Woodville, he continued, in his former manner of hearty good humor, "It is quite true. Very few would relish the humor of the joke. I did not at first, I can assure you, but now I like the fancy and it will be a joke to me the rest of my days, and will be, no doubt, to whomever it is recounted. Good things become immortal. We will celebrate our meeting tonight, indeed, I could not have separated from you all, without a visit. I have a case of liquors and wines, of which I must have your opinion."

They had arrived at a home of fashionable exterior, in an aristocratic vicinity. Mr. St. John ushered them in, and in a handsomely furnished apartment they found supper already prepared.

"Be seated," exclaimed the host. "Make yourselves quite at ease in my 'Old Homestead.' But about that skull; it smells rather earthy, I would prefer to have it placed in another room if you have no objections."

"Certainly! Here it is," said Woodville, handing him the package.

"John," cried Mr. St. John, "carry that into the study and place it carefully on the desk." The footman, with some surprise on his face received the unsavory parcel containing the relic and bore it off.

"Dead men make a stir in the world, now and then," said Schooler recklessly. Before the remark was half uttered he thought himself that possibly it might be dangerous.

"Ha!" said Mr. St. John. "We are all liable to fancies, eh, Mr. Woodville? We make ourselves and other people the victims of our flights. I have been your victim tonight, eh? There are many uses to which a skull could be put. I might set it with silver and convert it into a drinking cup like that used by Byron. Or I might turn it into a

grim lamp to write a tragedy by, after the fashion of the poet Young. Or like the old Egyptians, I might use it as a table decoration to remind me of death and of the vanity of all things human. This will be a souvenir of our meeting, a memento of an experience, unique at least, in my life and gentlemen when we are seated at my table we will drink to the skull, the skull of the future. Ah! Ha!''

''And now the dead man vanished from our midst, our company is yours. Who will be his, I wonder?'' returned Woodville, with a flash of his accustomed smile. ''But, alas; we shall have no more flights of fancy for him, poor fellow, he is past all that, serious and sad forever!''

''Sad as an empty bottle,'' said Schooler.

''Aye, aye, joke away!'' cried Mr. St. John,'' But the lunch awaits and we had better set to.''

''The ladies!'' ejaculated Schooler.

''I doubt whether they will join us,'' said Mr. St. Join,'' but we will see. John, send Mary to enquire if Mrs. St. John is ready for lunch. Mr. Woodville come here; you, who have done me a mischief, shall sit at my right hand; it is always my desire to set a good example. Ah, ha! But hark to the silken rustle! Here come our ladies.''

At this moment Mrs. St. John and her daughter entered the dining room, turned with easy politeness to the strangers and instantly took their seats at the table. The conversation, now of course, assumed a different character. The mistress of the home had much to say respecting the play and its rural type, and upon this theme there was much pleasant and animated talking—the great musicians, singers, actors and theaters of the world affording abundant material for gossip and criticism. Mrs. St. John was a brilliant conversationalist, Miss St. John very beautiful, and Mr. St. John, hearty and hilarious. After a pleasant half hour, lunch was concluded, the ladies withdrew and the gentlemen were by themselves again. The brands of wine, beer and liquor were pronounced excellent and the best tests were tried and found ''not wanting,'' while the tobacco was pronounced the finest importation on the market.

It was some time past three o'clock in the morning when this curiously met party broke up, when they did so, all were in a very merry and good natured humor, and Gardiner and Schooler, after shaking hands with their host and bidding him ''Good-night,'' for the sixth or seventh time, meandered solemnly into the back parlor instead of the street.

As the footman returned the skull to Woodville, Mr. St. John observed, ''I asked if you would part with that this evening. I felt a strong desire to possess it and keep it as a curiosity, but my second thoughts have taken another turn. I wouldn't have the ghastly frightful, terrible thing in the house. It would make a complete hypochondriac of me. Return it to its proper place, the tomb, I entreat you, it is mere morbid wantonness, an insult to the dead, and an offense to the living, to carry it about with you and parade it where people assemble for enjoyment. Whence did you get this Goliah's head?''

''A congenial friend sent it to me from the country and I received it by express tonight, before I started for the theater, and his letter excited my curiosity so I took a look with the apparent results and interesting phases of the evening. This is why I do not care to part with the head,'' said Woodville, laughingly, as if amused at the repugnance which had so recently been expressed.

''From the country—what part, may I ask?'' inquired Mr. St. John.

''He was in Nevada, but where he found the bald pate, I don't exactly know. I'll write and ask.''

''Nonsense, nonsense, send it back to

him and bid him restore it to its proper home, the churchyard."

"Well," continued he, resuming his gaiety, which within the last minute had given place to a severe and irascible manner, which, however, appeared much more natural to him, "good night! We shall meet again for I don't feel inclined to allow an acquaintance commenced in such marvelous fashion to drop. Aurevoir!"

When Schooler called upon Woodville the next day, some time after noon, he found him and Gardiner, with serious faces, discussing the skull, over their pipes and steins. Clasped in Woodville's hand was the dumb, unconscious "lion" of the preceding night.

"There is something about the adventure we met with last night that I cannot comprehend," said he to Schooler, after an interchange of salutations. Then holding the gigantic skull for the inspection of his companions, he directed their attention to a small, jagged, hole in the back of the head, from which various minute cracks radiated, as if the perforation had been effected by the crashing force of a bullet.

"Is it not strange," said he, "that in a merely momentary view of this cranium, this hole, above all the other strong features of it, should attract a person's notice. Even I did not know there was such a distinguishing mark upon it, till his random words induced me to examine it more carefully than I had done at first."

Schooler agreed that it appeared strange, but evinced a decided distaste to entering into the matter and counseled Woodville to throw the beastly thing away; it had caused annoyance enough already, though he was not sorry, altogether, for the turn which matters had taken under its auspices.

"There is a mystery here, depend upon it," persisted Woodville, with the strong relish of a romancer. 'A skull with a hole in it,' said St. John, immediately after he had recovered from his panic, though he seemed disturbed enough then. Mark my words! We shall hear something more of this."

Four years later Woodville completed a medical course and was ready to practice. During his college days he not infrequently found medicine a dry subject.

The second part of this tale will be published in the March Recorder.

During his college days he had not infrequently found medicine a "dry" subject

NAN

By Gordon G. Burdick, M. D., Chicago, Illinois

(Continued from Page 392 December Recorder)

The imperative call from Aunt Mary's did not find me in any too good humor, owing to the fact that I was sore in both mind and body. My broken ribs, and the escape of the superintendent from just punishment for his attempt to cause my death, put me in a frame of mind where his only safety lay in keeping out of my sight, which he had the very good sense to do by going on a vacation to the Bermudas; which was all that saved his life, and me from the serious consequences of a desperate act. I was in an ugly humor when I answered Aunt Mary's call, not having the faintest idea of the trouble but going from a sense of duty.

I was met at the door with a whirlwind of English flung at me edgewise, the burden of which was that I was expected to remove the "nasty thing" from the house immedately, and to go with her, and to never darken the door of her house again. Even then I had no clear idea what the old lady was driving at, and was rather inclined to laugh at her earnestness, which only had the effect of turning the vials of her wrath upon my devoted head, and I listened in astonishment at hearing myself called a public brawler and a low-down public nuisance. I was stung to the quick, and I retorted hotly that she was talking through her millinery, and did not comprehend what she was saying. We had the argument back and forth, the language becoming more lurid every minute, until I eventually came to my sober senses, and began to realize that both of us were fools, and did not know what we were talking about, so I brought my fist down on the table with a bang and commanded silence, so I could grasp what was the trouble.

The evident sincerity of my attitude calmed the militant spirit of Aunt Mary, and her jaw dropped in astonishment. The woman was so stunned by my humor that she moderated her voice, and told me that Nan had been behaving shamefully, and that she was disgraced for life by her actions.

"Well, what did she do?" I asked. "Be specific."

A bundle of miserable humanity

"She insulted the minister shamefully when he happened to call while I was out."

"What did she do?" I asked.

"Oh, it is too terrible to talk about," she said.

"What minister was it?" I asked. with

sudden suspicion. "How did you find out about the matter?"

"It was the Reverend Killkelly, and he told me himself. He said she was going straight to h—."

"He did, did he, well, I will attend to his case later. Where is Nan?" I inquired.

"She is locked in her room where she is going to stay until she repents," said the old lady with a pious look.

"Which means that I am going to see her immediately if I have to kick the door down," I said banging my fist down on the table with such force that she jumped. "You open the door at once, I want to get Nan's story of the outrage and I will attend to the details later."

Aunt Mary saw that I meant every word I said and meekly went upstairs, and opened the door for me and went into the room. I held the door open and told her to get out as I did not need any help. She was rather disposed to dispute my right to order her out of a room in her own house, until I reminded her that she had been paid each week for Nan's board and that she was merely a boarder, and not a ward. She was so surprised that she went out telling, me I could believe her lies if I wanted to do so, and I was left alone with the girl. By the dim light of the night lamp I found a bundle of miserable humanity on the bed, with a tear-stained face, and disordered hair, sobbing as though her heart would break. I gathered her head on my arm and smoothed out her hair while waiting for the tempest to stop.

Gave him the Elk's sign of defiance

Presently she grew calmer and one hand crept into mine as she snuggled close to me, and after a time the storm passed and I asked, "Well, kidlets, let's have the story."

"There ain't no story," she said pathetically.

"Well, what is all the trouble about then," I asked.

"I don't know" replied the girl, "Aunt Mary came home today and just went for me awfully, told me I was a disgrace and that I was going straght to h—. I don't want to go to h—, Doctor," and a torrent of weeping followed.

When it calmed I remarked casually, "I think Aunt Mary's information is wrong, you are not going to that place or any other for some time, so you might just as well loosen up on the story. What have you been doing anyway?" I asked.

"Nothing" she said.

"Well, I must see Auntie and find out what is the trouble."

The old girl rather resented my inquiries, and did not give me the facts, until I promised her I would go over and choke the information out of her pastor if she did not tell me. This threat loosened her tongue, and I found out that several days before while she was out, the pastor had called, and there was no one at home except Nan and she had said enough and done enough to disgrace her for life.

"Thanks, Auntie, now I will get what information I want."

So I went back to the girl's room and

said severely, "Now, kidlets, you are not playing a square game with me, why didn't you tell me about the minister?"

"What minister" she said with sudden interest.

"Why, the fellow who called Monday while Aunt Mary was out."

"Now, don't get excited, Dominie"

"Oh, him," she exclaimed, "why what about him?"

"What did you do when he was here?"

"Oh, nothing much," she said, "I entertained him."

"Yes, so I infer, but what I want to know is how you did it. Now tell me just what was said and done while he was here."

"Well, I was going through my stunts and had my gym costume on when the bell rang. I went to the door and this man asked for Aunt Mary. I asked him to come in and sit down, as Aunt Mary said she would be back in half an hour. He called me a nice little girl and asked me what I was doing, I told him I was doing my stunts, and told him why I done them, he said he liked that work, and he would like to see me doing them, so I did the pinwheel and he clapped me, and said it was the best he ever saw. Then I worked with the rings and turned a few flip-flaps and he said he liked it so I showed him the split, and the back hand spring, how to walk on your hands and other things, he seemed real pleased and called me a nice girl. He showed me his watch and pulled me on his lap while he was talking; he told me stories and I liked him real well. Bimeby he asked me if I would give him a kiss, and I did, so he got to kissing me real hard and hugging me so tight I told him he musn't, but he kept doing it worser all the time, so that I got scared. I twisted off his lap, and he tried to catch me, but I was too quick for him, and I turned a hand spring over the table and runned upstairs, and, and—"

"Well, go on," gently urged.

"And just couldn't help it, I gave him Elk's sign of defiance you taught me to use when people got fresh, and I runned into my room and locked the door. He called me to come, said he wouldn't hurt me and came upstairs and begged me to come out, I didn't do it, as I got a hunch that everything was not all right, said he would get me a box of candy and give me a dollar if I would come out. I didn't do it but I went out the window on the porch and over to Schneider's house and stayed there until Aunt Mary came."

"Were you afraid?" I asked.

"Well, no, but I did not like the way he looked at me."

"Well, kidlets, you are sure this is true," I asked.

"Honest, Doctor, I never lied to you, why should I , you are always square with me," she said earnestly.

"Well, kidlets, go to bed, I think I can straighten out the tangle so you will not lose your happy home for a while yet, so good night, and be a good kid until I see you again."

I was rewarded by a kiss on my hand, and I went down to see Aunt Mary. The old girl was still in a pout so I merely remarked that I would take measures to get Nan a new boarding place within a few days and went out.

The more I thought about the matter, the more my duty seemed clear, I must interview the preacher and compel him to undo the wrong, which his guilty conscience might cause him to do, and my steps turned in his direction. I was lucky in finding him in his study preparing his weekly discourse and he was rather inclined to resent the annoyance when I interrupted him. He inquired my business, and asked me to make it brief as he was very busy.

"Well, Dominie, my natural inclination is to make it very brief, but my judgment tells that diplomacy may work out to better advantage for both of us. I am on a mission that concerns both of us, and some solution must be found tonight."

"To what do you refer?" he said icily.

"Well, it seems you told Aunt Mary that you were grossly insulted while on a visit to her house last Monday."

"So I was," snapped the minister.

"Well, it may be so, we will see later regarding the matter. Do you know that through your act you are likely to turn a motherless girl out on the streets?" I inquired.

"What I have done has been done after I have prayed to my God, I have done my duty and will do it again," he said.

"Are you quite sure it was God who answered your prayer," I inquired softly.

"Do you mean to insult me," he said with indignation.

"You can put any construction on what I said that you please."

"If you do not get out of here, I will call the police," he flamed at me.

"By all means do so, it will save me the trouble later on," I said.

His face blanched, but he was game, and turned again to his sermon, as if the interview was terminated as far as he was concerned.

For my part I was well contented, as I had recognized a familiar face that I had seen under conditions which would make his hair stand, so I calmly crossed my legs and drawing a cigar from my pocket, I lit it and puffed away like a furnace.

He made a heroic attempt to ignore me, but the incongruousness of the situation had certainly gotten on his nerves, and while he was writing as if his life depended upon it, to me it was plain that his congregation would never hear that sermon.

He slammed the pen down on the desk and having risen to his feet, he confronted me boldly. "Have you no decency, to smoke in the house of God," he stormed.

"Now, don't get excited, Dominie, there is no danger of God and you being in the same building at the same time," I said lazily, knocking the ashes off on his carpet for the benefit of any scandal mongers in his congregation.

"I was never so insulted in my whole life," he fumed.

"No, probably not," I remarked, "but you will be if big Jim Watson happens to catch you in his house at 1 a. m., while he is supposed to be out on his engine."

"It is a lie," he bellowed, while his face was as white as a tombstone.

"Yes, may be" I remarked calmly, "but it is one of those lies that can be proved in court, my assistant and I saw the whole proceedings."

"Where were you?" he asked incautiously.

"Who, me?" I asked innocently, "oh, yes, we were on the back porch sitting on the refrigerator smoking a cigar while we were awaiting a belated stork in the Small family next door."

If I had given him a solar plexus blow,

he could not have been more stunned. I smoked steadily on totally oblivious to the sensation my words had produced, but I kept a weather eye on my victim, as he was fingering a sharp paper knife, and thinking unchristian thoughts.

After what seemed like ages he gave a long sigh and said in a strained voice, "What do you want me to do?"

"Oh, nothing, except just what any decent man would do, go down to Aunt Mary's and square this matter for me."

"I won't," he said boldly.

"Well, I am sorry, as it leaves me only one alternative, I shall have to start in and dust the furniture with you, so if that is your decision, we might just as well start in now as later."

I sprung to my feet and advanced on him while he retreated holding his hands before him. It was probably the first time in his life that he was in danger of bodily injury, and the thought terrified him. He had relied on his office to protect him, and he could not see what manner of man it was, who disregarded the office and saw only the man. He began to whine piteously, and promised he would do what I wanted him to do the first thing in the morning.

"I am afraid to trust you," I replied, "and I think I had better help you to break up some of the furniture first, so you will have the proper spirit, and won't get to praying in the meantime, and get a hunch from the wrong party."

"Honest and truly," he said, "I will do what I can to straighten out the trouble."

"Well," I answered as if disappointed at his decision, "I will give you your chance, if you fail me we can have our try out sometime in the future, so goodnight, I will trust you once and once only."

I went away well satisfied with my interview, with no misgivings as to the outcome. He was a craven, and to save his hide he would do all in his power to quiet things down at Aunt Mary's house, and I felt he would be successful as this good woman never saw the man but always the office.

It turned out as I expected, he went down and inflated her with her Christian duty to the poor child, until the prospects for Nan seemed dark, as she was the star listener at family prayer meetings, while a good sized section of the Bible was marked out for her to learn daily. I did not half like the arrangements, and persuaded Aunt Mary to cut it down to a chapter a day as I wanted her to get all the English education she could.

Things began to work smoothly again and we resumed our old relations, but Aunt Mary was getting moody and melancholy, a condition that came on more frequently of late, since her arrest. She never got over the disgrace of a colonel's daughter having been arrested for shop lifting. I tried to tell her that there was no special disgrace in being arrested, as it was a privilege granted to freemen by the constitution, and she should be proud she was distinguished enough to get this great honor. My philosophy did not quite convince her, but it softened the blow considerably, and she did not brood so much over the matter.

I was becoming seriously alarmed by her behavior at times, and began to cast about for some means of diverting her mind with that end in view. I hunted up all of her old Southern friends in the city, and was fortunate enough to find a real Southern colonel who was somewhat run down at the heel, but he was the real article, and by delicately putting some opportunity in his way, he was soon able to improve his appearance, and he loaned his services to me to get up a real Southern birthday party for Aunt Mary where all the guests would be Southerners. I, of course, being the only mongrel among the "quality folks" who were to attend.

(To be continued.)

SKULLS AND OWL.

Drawn by Grace M. Norris, M. D., Richfield Springs, New York.

THOUGHTS ON SEEING THE SKETCH OF SKULLS AND OWL.

By G. F. Boynton, Calistoga, California.

Oh, Death! Inveterate foe of animate creation; and dreaded most of man, who only of created things can contemplate its ravages and dire results.

What shuddering and foreboding thoughts of evil, chill the nerves, and cause the very bones to quake, when empty skulls are brought to view, and those dark caverns whence the flashing eyes once shone, now grin with a malignant leer, and say in horrid simile—as thou art now I once was known, loving and loved, self confident and proud, believing all men mortal but myself, seeking earthly fame and joy; but as I now appear, thou soon shalt be, and side by side we'll lie in dismal, dank, desuetude, while owls, the emblem of apparent wisdom, keep their doleful vigils o'er our vacant heads, until the trump of God shall rouse us to immortal life.

Why standest thou, Oh, Death, the barrier 'twixt temporal and eternal life?

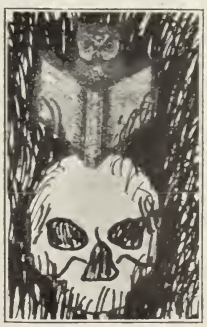
Why standest thou the portal to the way, that like the Milvian bridge, leads to the Immortal City?

Ah, why did our first parents through their amorous lust, bring sin into the world for our inheritance, thus barring us from passing hence on Enoch's equine train or Elijah's chariots of fire?

Ah, no! Heaven is for the good and pure, with stainless hands and virtuous minds.

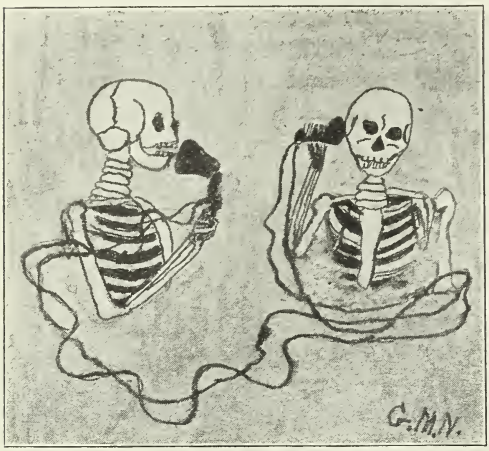
We must be freed from dross by trials fiery and sore, to fit us for the Master's use.

Not like the owl to sit and look so wise, and only think and sit, but active like the squirrel and the bee, laying up a record of good works to carry hence as harvest sheaves.



THE SKELETON PAPERS

By Grace M. Norris, M. D., Richfield Springs, New York.



SYNOPSIS.

The supposition is that the parents of two skeletons, neighbors of the same town, migrated during the childhood of the latter, one family to the western part of the continent and the other to the eastern. Both reached their majority and became disciples of Aesculapius, and after years of devotion to the art of Hippocrates, on their demise were interred in the local cemetery of their native village. Their tombs being connected with a telephone line enables them to engage in conversations on various practical subjects. The first paper reported, in The Recorder for October, November and December, 1909, a conversation they had on the meeting of the International Medical Congress at Budapest. The second paper, which will be continued in the March number, discusses a problem which has been carefully considered.

II—A FEW DIFFICULTIES WHICH CONFRONT THE DOCTOR IN A LARGE CITY.

First Skeleton: There are many topics of interest to mortals that we might discuss.

Second Skeleton: What is on your mind now?

F. S.: I was thinking about a few of the difficulties which the practitioner stumbles against in a large city, in his struggle for existence.

S. S.: Perhaps your mind is dwelling on the financial side of the medical profession.

F. S.: It is.

S. S.: I suppose now you intend to tell the doctors how to become prosperous, own autos, horses, carriages, boats, "rest cottages" by sea and land, mansions and in the words of the prophet be "clothed in purple and fine linen," sport a pack of fat pass-books on many a "First National."

F. S.: No, I am simply going to offer a few suggestions on this difficult subject.

S. S.: Well, that interests me. I would be glad to hear your views.

F. S.: The late Carrol D. Wright, statistician for the government, estimated the average income of physicians in the United States at $500 a year each.

S. S.: That sum seems so ridiculously small.

F. S.: Yes, so small, that one would think it would act as a deterrent to men and women entering the profession.

S. S.: Does it not?

F. S.: No, there are thousands of new aspirants for medical honors every year.

S. S.: Why is this?

F. S.: The majority of students who begin the study of medicine, think of a doctor as one who is well fed, well clothed, well housed, sits in his office and dispenses pills to the eager patients who throng his doors and vie with each other in their eagerness to consult the learned man.

S. S.: You present the subject in such an interesting and fascinating manner, if they all took the same view, no wonder they all wanted to study medicine!

F. S.: Well, according to my way of thinking that's the way prospective students look at things.

S. S.: They should consider some of the difficulties that beset the doctor, be he successful or not.

F. S.: Yes, and sooner or later they will come to know that all treatment is

not as simple as that of Gunga Din, Kipling's unlicensed practitioner:

" 'E lifted up m 'ead,
An' 'e plugged me where I bled,
An' 'e guv me 'arf-a pint o' water-green."

S. S.: And in time they will come to know that often when the doctor begins to feel that the patient is slowly improving, a new one will be called because the patient "didn't get well fast enough;" that the doctor often struggles in a long up hill fight.

"Knowing if he won the battle, they would praise their Maker's name.

Knowing if he lost the battle, then the doctor was to blame."

F. S.: Yes, after a time they must realize how great are the responsibilities they must assume, how small is the knowledge which even a life time of study can bring them, how extensive are the investigations which must be made before each disease can boast of its specific remedy.

S. S.: In the face of all this, they may hesitate, but by hesitating they gain nothing. They can only push ahead, leaving much to Nature but doing all that lies in their power.

F. S.: Considering all this, the medical profession acts like a magnet to the youth, and every man who enters the profession looks forward to the time when he can become one of the fortunate few who can make big money with little labor.

S. S.: They are told there is plenty of room at the top!

F. S.: Big humbug! There is only room for a few and they control the field.

S. S.: But every boy in the United States is told that if he follows in the footsteps of Marshall Field he can do as he did, accumulate millions and die rich.

F. S.: Die rich! Like Marshall Field —who was one of the greatest failures the world has ever known.

S. S.: A failure!

F. S.: Yes. We do not want any more. There was only room for one in the whole country.

S. S.: Boys are told that if they are honest, sober, attentive to business, skrimp themselves for the necessities of life, starve themselves for luxuries their chance to become president is good.

F. S.: Yes, but there are but few presidents in the lifetime of the average man, and there are, as you said, millions of boys.

S. S.: Another dream?

F. S.: Exactly, and so they enter the practice of medicine only to have their hopes blighted, and the rosy visions of life crumble like dead sea fruit from their lips.

S. S.: It is true, but look at the number of people enrolled in the ranks of the medical profession.

F. S.: Yes, but for instance, let us look at the business proposition of one of the large cities, say, a middle west one!

S. S.: Very well, I am all attention.

F. S.: In this city there are 5000 doctors, of this number half a dozen have the income of successful bankers or merchants.

S. S.: What of the balance who are eclipsed by these few?

F. S.: Of this number 200 make a decent living out of the profession.

S. S.: And again I refer to the residue?

F. S.: Some have married wealthy widows and don't need business. The rest live as best they can, a precarious existence, always on the edge of the shabby genteel and never quite within the circle.

S. S.: And yet these others are good physicians, educated and fully competent to practice medicine.

F. S.: Exactly.

S. S.: And then if success does not come, what do they do?

F. S.: After a few years many of

them abandon the practice and resort to other means of making a living.

S. S.: This might imply that the city was something of a health resort and their services as physicians were not needed.

F. S.: Quite the contrary is true.

S. S.: People, I presume are sick there as well as elsewhere.

F. S.: If anything, they need the services of a physician more than in cities less strenuous.

S. S.: What is the population of the city you have in view?

F. S.: About 3,000,000.

S. S.: Well, with a population of 3,000,000 there must be a large percentage of chronic invalids, and big demands for doctors.

F. S.: Yes, there are thousands of chronic invalids and enough practice to keep busy 10,000 doctors and pay them well if it were not for one thing.

S. S.: What is the constriction?

F. S.: They have nothing to pay with.

S. S.: This seems a strange assertion.

F. S.: Not long ago some one in an Eastern city, engaged in settlement work suddenly realized the one thing that ailed the poor.

S. S.: What was that?

F. S.: Poverty.

S. S.: Did they decide then to remedy the condition?

F. S.: Yes, give them money enough or the opportunity to work and get it and the poverty and misery would alike disappear from the face of the earth.

S. S.: You practiced in Chicago some years did you not?

F. S.: Yes, I was there some ten years and I gave all my time to help the victims of Marshall Field and John D. Rockefeller and other labor skinners to maintain a state of health so they might produce wealth which they did not get.

S. S.: Is this the experience of every physician?

F. S.: Yes, with the exception of the favored few.

S. S.: How about your collections?

F. S.: I collected about 50 per cent of what I earned|

S. S.: How did this happen?

F. S.: How much money could I get out of a sewing woman in the sweat shop district of Chicago, where women toil from twelve to sixteen hours a day for the average wage of $1.18 a week.

S. S.: Are there many laboring women of this class?

F. S.: They are numbered by the thousand.

S. S.: How much money could I get out of the average clerk in this big city's department stores working for wages as low as $4.00 a week and seldom as high as $15.00?

S. S.: Very small per cent on the dollar, I fear.

F. S.: When these are the exact conditions, do you wonder that doctors are poor there?

S. S.: I am surprised, with the conditions—that they can even exist.

(To be continued.)

DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE DISPENSING DOCTOR.

Somebody who meant to be right and not considered profane, said that life is one dam thing after another. It very often happens that the procession of events seems to make this look much more like truth than poetry.

A year ago, while the writer was a member of the state senate, he was approached by a politician of much influence in the senate and asked for an opinion as to the advisability, not to say desirability, of introducing a bill to prevent doctors from dispensing medicines without first having passed an examination in pharmacy. The mere mention of what sort of reception a bill would receive, designed to add to the doctor's bill, at the hands of a farmer legislature, seemed to put a face on the proposition that was not good to look at or contemplate, but the incident while showing that nothing was directly attempted, yet the yeast had been set and the intent is as it has long been, to compel the doctor to send his prescriptions to the druggist. This move as noted in the attempts in very many states to coerce the doctors, shows that these men who have practically established a system of counter prescribing now want the doctor to be forced to send prescriptions to them. One of the necessities of war being to be awake and keep your powder dry, it behooves doctors to be up and adoing or they will find these firm defenders of the people against ignorance and so on (?) will get in a bit of a joker one of these days that will make the already hard lot of the practitioner harder still.

The motive assumed is that great numbers of people are being annually carried off by reason of the medicine they took not being pure. When you get it at the drug store it, of course, is pure or at least it is assumed that it is so and yet as a matter of fact a great majority of doctors get their tablets and pills through the local druggist and they are the very kind he himself has on his shelves. For example it is safe to say that a large share of the tablets and pills used by doctors in the west are made by any one of half a dozen firms. And they are identical with the kinds carried by nine-tenths of the druggists. Very few doctors have the time or interest to make their own medicines. Such articles as tinctures elixirs and syrups are almost always bought or when not they are so easily made as to call for no special knowledge but just that common sort that guards the man from getting wet when he can go in during the passing of the shower. All sorts of arguments will be made on why it is safer and oh, so much better that you send your prescriptions to the drug man. He wants the money in the first place. He began his system of counter prescribing out of a hoggish spirit and then when he had it well perfected, he found to his chagrin that the department man had crept in under the tent and removed the patent medicine profit from his grasp. At this he took offense and at once he combined with his colaborers and demanded that unless the makers of patent medicines would stop selling to department stores they would not sell the truck at all. The patent medicine man came back and said "as I can sell more of my goods through this channel than I ever could through yours you can go to"—"well keep on going. Defeated in this effort to secure a monopoly the man of drugs now

comes back and says to the dear, dear people, "you are most liable to be pizend if you don't have at least two men oversee what is being given to your loved ones who may be lost through one man's mistake". Great is the love for the people sometimes, as exhibited by these men of drugs and politicians.

A few years ago in this city a doctor wrote a prescription for a man, said prescription called for "a saturated solution of carbolic acid." The druggist gave him a 95 per cent solution and then paid the man some hundred or two hundred dollars for the prairie fire started on the wrong man! A few years ago Fairchild's man came to this city and secured the services of a small boy to whom he gave a prescription calling for an ounce of his special brand of essence of pepsin, for each druggist in the city. The boy did the buying and the man did the watching. Two of the most centrally located and fashionable druggists of the city sold the kid a brand of nondescript make but charged for and labeled the truck Fairchild's.

Through the efforts of men to sell other than what was directed, the commercial world speaks in a joking way of "something just as good." This came direct from an effort to substitute. No matter how voluminous the instances cited may be of druggists refusing to compound prescriptions sent to them because of their incompatibility or heavy dosage, the fact remains that few doctors comparatively, compound anything more complex than liniments and cough elixirs or syrups. In this day of tablets and ready-made combinations suggested by the best medical minds, it is not necessary to save the people by compelling the doctor to be able to tell the formula for some coaltar derivative that he does not use, never did use and never will.

In this particular case the colored man in the woodpile is not even covered with leaves. It is a direct plain effort to get back at the sick man; to get a hand on the throttle; to get a hold on the community by way of the doctor. It is so easy to charge six bits for a few grains of some innocent stuff worth four bits a hundred weight and by way of explanation say that "the doctor uses a great deal of this" and it is very good—but expensive, and thus it all comes back to the man of pills that he uses costly drugs and the druggist just has to charge for them to get his money back. The truth of the matter is that the day of adjustment whereby the druggist gets all the ready cash and the doctor gets the eternal delay is past. People are willing to trust a man not only to the extent of believing that he knows what to give but knows it when he sees it and so long as they are, it does seem as though there was no cause for the great hue and cry about the need of another man seeing that all is well before a tablet is given—and carrying off the cream for his invaluable assistance!

In this matter it won't hurt a bit to ask your legislator how he would like to have to go seven miles in the rain and wet after a dose or two of dope that the doctor could carry in his hand satchel and all this while suffering is getting in its best licks. If he is the kind of a man you ought to vote for, he will see the point.

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"THE ETERNAL QUESTION."

The article in a certain woman's magazine, entitle "Why I Would Not Marry My Husband Again," has been brought to my attention by the husbands of several good women. After discussing the the article with them, pro and con, and with more than one good wife as well—more than one of whom had children—I was asked for an opinion founded on experience of more than a quarter of a century as a general practician, and as

a husband and father of more than twenty years happy home life.

Having answered their questions, as I understand them, I now beg leave, at the suggestion of these same men and women, to place my views before others who may be equally interested, sincerely hoping that these same views, tempered as they are by our consultation, may do much good—may, indeed, partly, if not wholly, solve the apparent mystery of many unhappy marriages and remove the possible cause of many of our disgraceful divorces.

Reviewing the author's lament, I would suggest that the woman reader try to consider her husband, together with any other good woman's husband, with our eyes and mind, if possible, but as if she, and not we, were considering the faults and the virtues of her own father. No matter what I may feel compelled to utter in defense of husbands in general, let it clearly be understood that the writer sincerely believes all good women far too good for the very best of husbands. I say this without reservation of any kind. Believing firmly that, as Nature has made us, considering the mental aberration of the sires of mankind at the time of conception, I say that, were not almost one hundred per cent of the females of the Genus Homo inherently as pure in heart as each of us believes his own mother, there would never, or rarely, be a pure-minded soul born into this passionate world.

From my professional experience, I would add that this article might safely be said to give the reasons for more than ninety per cent of all married men writing a similar essay with the caption: "Why I Would Not Marry My Wife Again."

For instance, most married men know that the average good woman reveres the memory of her father second only to that of her mother, and that she often places reverence for her father first. With this fact before us, I feel safe in saying that nearly one hundred per cent of our fathers-in-law possessed traits, characteristics, faults, and virtues, so similar to our own that an unbiased observer would find difficulty in choosing between us. In other words, I believe it to be the consensus of opinion among benedicks that, did our good wives but judge us, the fathers of their children, by the standards employed by them in judging their own fathers, our good wives would find much more good in us and much oftener overlook our shortcomings; and that, after the glamour of the honeymoon had passed, they would find the faults of their husbands but a continuation of the same faults they overlooked in their lovers, or a second edition of the faults they were ever ready to condone in their fathers.

This I believe should obtain as a legitimate excuse for the Habitue La Belle Nicotine, the custom of smoking being so commonplace that the woman who would refuse to marry the man of her choice solely because of this habit would most likely be considered a rara avis, if nothing less complimentary. I believe I am safe in saying that the woman who knows her lover uses tobacco and withholds her objections thereto until the man becomes her husband, or who uses her objection as one argument "Why I Would Not Marry My Husband Again," should not be surprised to find her husband reluctant to give up his "vice," or to find her case thrown out of court because of irrelevant testimony.

As for the habit some of us busy-in-the-day-time-men have of spending much of our time at home with our noses buried in magazines or newspapers, I venture the assertion that the average father-in-law of our generation spends, and has always spent, much of his time in a similar diversion; and that such practise on his part was more than once defended by those same wives against seiges of discouragement by

their mothers. I mean, of course, those fathers-in-law whose "better halves" had not yet learned to make their husbands "feel perfectly at home" at their own firesides.

Consequently, in defense of our smoking and reading brothers, the writer humbly suggests that women should know the faults of their prospective husbands before permitting them to assume that honored relation, and that they should criticise such pernicious habits before marriage, or, accepting us "for better, for worse," they should "forever hold their peace."

I venture the assertion, without fear of successful contradiction, that the faults of which the woman complains were not the real cause for her paper. Nor was the frequent lapses of generosity with his income the real reason for such bewailing as we have read. For, while the woman in mentioning the money question asserts that "I am not sure but this is my principle reason for thinking I would not marry him again," I am confident that the real causus belli in most good women similarly situated is something entirely undreamed of by them.

I beg to differ with the author again to the effect that, unlike her, I sincerely believe in and approve of, the discussion of this greatly misunderstood question in this impersonal way. The woman having refrained from signing her article, I beg leave to exhibit a like modesty for like reasons. I say what I have said and what may follow, because I honestly believe that it is a temperamental impossibility for any man and any woman to judge honestly any sex problem from the same view point. I believe myself perfectly safe in asserting this to be a sex problem wholly, and not, as the writer seemed to think it, one of smoke or books or finances, or the lack of same.

It is not only a temperamental impossibility, but a temperamental impossibility because a sexual impossibility, for the pure-minded of both sexes to look at, and comprehend, the sex problem without just such impersonal elucidation of both sides by educated representatives of both sides—unacquainted and necessarily, and for many other good reasons, non-collaborative.

I believe it to be a sincere compliment for members of one sex to try to comprehend the position and ideas and ideals of the opposite sex, and for some one of us to make the members of the fair sex comprehend our position, asking only for the leniency for their own husbands they accorded us before marriage, or, at the worst, to judge us by their mother's husband.

Deploring the author's belief in the nonsense and futility of her discussion, I beg to present the same subject in a spirit of greatest reverence for all good women, but with the idea that the subject, when discussed from a man's standpoint and compared impartially with what has gone before will prove of inestimable value to the wives of my fellow benedicks. To paraphrase the author again, I write this "in the hope that this may be the means of making a wife here and there do a little thinking and set herself right before the partner of her life—an attitude which many a husband sadly craves and needs."

In the first place, then, let us accept as axiomatic that, before marriage, all normal men, like the males of the lower animal kingdom, consciously or unconsciously, are seeking a mate; while, before their marriage, all normal women, like the females of the lower animal kingdom, consciously or unconsciously, are continually on the qui vive with one or other form of coquetry toward all male acquaintances until such time as inclination, instinct, or expediency, prompts surrender.

Practically speaking, masculinity and aggressiveness are synonymous, while femininity and receptiveness are synony-

mous. Consciously or unconsciously, the timely surrender of the female to the male among mankind is ultimately prompted by the maternal instinct; while, with the males of humanity, the "seeking a mate" is either the result of the strictly masculine ambition for sole possession of his choice or for the purpose of legitimizing an intercourse so pertinently deprecated by St. Paul in his Epistle to the Ephesians; or, it may be, as it is with some men who seek lineage for the heir to their possessions, as they seek pedigree for their blooded stock, or, as do some women, men sometimes marry for social or for monetary considerations.

I am painfully aware that this may seem a wee bit blunt in presentation, but it is my opinion that the woman should realize that there is an ambition implanted in the breast of all normal male human beings to stand the peer of their fellows; that this Americanism, so to speak, is most likely implanted there prenatally by our good mothers; and that we are ready and willing at all times to fight for our rights or to die, if need be, in defense of our choice and right of choice; a characteristic without which a man rightfully is dubbed a "sissy," which, possessed by a woman, exposes her to the stigma of "mannishness." Satisfy these characteristics, instincts, desires or ambitions in both "heads of the family," without satiety, and you have a perfect union. Cross one or the other, by intention or accidentally, and misunderstandings are certain to arise and sometimes to culminate a separation wholly unnecessary did each side only understand the other.

It has been my misfortune, and I am confident others in my profession have had the same experience, to see it patently exhibited so frequently , where timely advice and intelligent instruction might have prevented much sorrow, that I am free to confess I believe the real crux comes to a big majority of our good wives for the first time only after their ambition or instinct has been satisfied. They have willingly enough obeyed Paul's admonition to "submit unto your husbands" until the advent of progeny. Their cross then comes in failing to comprehend the male nature and to admit, what long since should have been perfectly patent, that paternity, as a rule, is the least of man's thoughts, desires, intentions or ambitions in marriage; and that to "feed the brute" implies, to the male, much more than the mere regulation daily dining-room regimen.

The young girl reared in absolute ignorance of sex-life has the instincts for maternity just as surely implanted in her breast as have the females of the lower animals, the difference between such an one and the girl properly prepared by a good mother for the greatest of all human functions being that instinct alone rules the one, while instinct plus knowledge rules the other. Innocence not necessarily being synonymous with ignorance, the chances are that the knowing will remain happily innocent, when ignorance plus instinct may, and very very often does, lead to the unintentional downfall of the other. Post-marital knowledge of the masculine characteristics herein mentioned is, I contend, imperative to a wife's peace and happiness.

For, with the male human, educated or ignorant, the desire for the sole possession is all there is to it. The average prospective husband has no desire other than possession. His is the brute ambition "to have and to hold" against all comers, and he is ever ready to give battle to any disputing his right. His choice of one particular woman, like the choice of a certain woman for a certain man, is prompted almost wholly by congeniality of temperaments; yet environment and expediency may play a part with him as with a woman. Whatever the cause, once decided, the male human will stop at nothing short of success.

The facts, as stated by the writer, were so stated, in my opinion, solely because of the temperamental impossibility of her recognizing the facts herein stated as controlling all normal male human beings. Had she been a physician, however, her professional training and experiences would soon have enlightened her along these lines. They are facts that we must face so long as the world stands, and the sooner our good wives decide to reciprocate, with sacrifice for protection, the sooner will there be contentment with their lot, and peace and happiness reign in the home.

When man "goes a-courting," it is well to recognize as a peculiarly masculine characteristic that success is his sole aim, ambition, instinct and goal, and that same is spelled by him: S o l e P o s s e s s i o n. In this "game" no time is misspent if his efforts culminate in possession. Contrary to an opinion many times expressed to me by good women, the incentive for the male to marry is the purest and most unselfish love.

On the honor of a gentleman with the widest experience for more than a quarter of a century, I venture the assertion that not one good man in a million ever married the woman of his choice under any other impression than that he loved her and only her; and that not once in all their ante-nuptial intercourse with his particular her did her physical attributes appeal to the brute in her lover or arouse those passions peculiar to the male in the whole animal kingdom and under control in man alone.

A good man's love, I reiterate, is his sole incentive for marriage. His choice of some one particular woman, it is admitted, may be prompted by expediency, propinquity, or some other controlling cause—excepting passion; for marriage, if anything, is natural and inborn, and sanctified by an All-Wise Creator. It is God's own way of peopling His world; and He peopled it in His own image. This all men, as well as all thinking women, know; and that, was it mere passion, men would soon settle that without "giving hostage to society." For through the dual code of morals for men and women, and its implied satisfaction for the brute in man, his deviations from the paths of rectitude would promptly be condoned by a big majority of good women, who would never forgive or forget a like dereliction in another woman.

The instincts of both the male and the female are God-given. No good man ever married solely to appease passion; and yet perfectly harmonious union of two normal humans is only possible to the wife through procreation, and to the husband through entire and continent satisfaction of his animal nature. I dare assert also, that the desires peculiar to men are quite as natural as is the holy passion of maternity in women, and that, if the wife only continue after the birth of her child the same timely submission exhibited prior to childbirth, there would be perfect and continuous marital felicity in many a home where now her ignorance of her husband's nature prompts frequent resistence against his advances and consequent sorrowful misunderstandings.

However tactfully I have tried to conform my sentences to the mandates of modesty, without deviating from what I believe to be the whole truth, I am painfully aware that my delineation of the facts will strike many a good wife as characteristically masculine and degrading; but, it must be admitted that it is quite as foreign to his nature for a good man fully to understand why a good woman will repeatedly and uncomplainingly undergo the travail of childbirth because her child's father happens to be a certain man, as for a good woman to comprehend the animal that is in man. These are the two sides of "the eternal question" not comprehensible by those of the opposite sex. Why? No one knows. No one ever will know. But they are facts, and the sooner they

are accepted as facts, and our lives governed accordingly, the sooner will there be fewer "family jars" that lead to parentless children wondering why.

Let those good women who hold the almost criminal belief that childbearing reduces their chances of maintaining preference in the affections of their husbands, and who act accordingly, or who believe absence in themselves of physical satisfaction similar to that in the male justification in contradicting the admonitions of St. Paul, act as though they really cared to retain the self-imposed serfdom of their mates, and it is safe to guarantee that there will be fewer hours from home for some, fewer hours of loneliness at home for others, fewer unhappy homes.

This, as all physicians well know, comes as a suggestion from one whose vocation brings him into daily intimate relation with all members of many families, one of a class to whom family skeletons are discovered with even more readiness than is vouchsafed her Father Confessor by the devoutest of Roman Catholics. The writer, after twenty-seven years of such sacred intimacy, believes that he knows whereof he speaks and that his position in the community entitles him to the confidence of mankind; especially womankind.

But, while I have thus ruthlessly laid bare what I believe to be the cause of much marital infelicity and many unnecessary heartbreaking experiences in what might otherwise have been perfectly harmonious households, let me revert to the money question for just a moment. Here, too, the inherent goodness of the author again shows itself, as does the most likely fact that she has never been compelled to face the battle of life alone; for the average good woman knows little, if anything, of how business is conducted today, how much of business success is dependent on timely sociability, or what such sociability costs; and that, if one partner, in a family or in a commercial partnership, must spend money for the success of the firm, the other must save all possible until such time as there may be plenty for both to spend without crippling their working capital. If any woman thinks that we could do just as good business as we do now without considering the social amenities concomitant with business success, she should have a chance to make the failure that will surely follow a trial along these lines.

Not that I mean that every business man should "buy the drinks" for every other man with whom he does business. I do not mean that at all; for, if a business man, I would not try to do business with any man whom I felt I could do business with only in that way. But there is the club where men meet to talk over their affairs; and there is the lodge-room, against which I have but too frequently heard many good women rail, where many lifelong associations are formed, that spell confidence between brothers, and lifelong satisfactory business relations consummated.

Then there is the occasional supper after the lodge, or a dinner to a friend, or to the friend of a friend, at the club or elsewhere, all costing money that can not be spent by the man, maybe, and a like amount simultaneously be allowed for his family. Every such dollar, I contend, is as legitimately expended for the benefit of one's family as if paid for clerk hire, to the hostler, or to the cook. If the same amount was given to some other woman's husband to spend, to some travelling salesman, for instance, and he spent same for the identical reasons above mentioned and in the identical manner mentioned, the average wife would understand the legitimacy of the expenditure and bow submissively to the mandates of business.

The fact is, we are all mere human beings; some male and some female, and we can not see things exactly alike; and "the eternal question" will surely con-

tinue to prevail and consequent unhappiness obtain in many of our homes unless some such papers as that in the journal referred to are written and read and answered and comprehended by those most interested. I close, therefore, with the admonition to our good wives that, if they expect peace at home, they must prepare for same before they accept the responsibilities of that home; and that, if they desire the best for their daughters, they should prepare those daughters for a life similar to their own; that they should accept matters just as they are, and not decry the inevitable.

Men, to enjoy most that is implied by marriage with a good woman, must constantly love and respect that woman above all others, and exercise temperance in all things.

"El Hombre de Texas."

WHY THE COAL TAR PRODUCTS

I have received a very pretentious pamphlet of 44 pages, entitled "Antipyrine, Acetanilide and Phenacetin". It is by one Uriel S. Boone, whoever he may be. I suppose that all the physicians in Indiana, and no telling how many other states, have received the same. It would seem from the preface that it was a labor of love on the part of the said Uriel S. Boone. He says, "I have decided to gather data and publish it for the benefit of those interested." "To the Medical Profession." Etc., etc. If he had left off "To the Medical Profession," we could have very readily understood whom he meant by "Those Interested"—the manufacturers of those products. But from the very beginning to the end, there is a thin veil of apparent medical honesty in his remarks. Of course he has had no national reputation as a medical philanthropist, or of sufficient great wealth to publish and scatter broad cast such a pamphlet, merely for his love of the profession. Then the question comes—Why? The answer to this question will answer hundreds of similar questions that daily confront every doctor in this broad land of ours. How many doctors open their mail daily, that they do not find from one to ten post cards, pamphlets, pictures, letters, manicure sets, or sample pills, powders, fluids, ointments or what-not, advertising some proprietary medicine that is extolled to the highest point of certainty, that they will most surely cure certain conditions. Then accompanying the mementoes above mentioned, there is a string of (supposed) doctors' certificates, report of cases, such as, Mrs. Amidaba Jeckrisher, got a fish bone lodged in her throat, and I gave her a few doses of "Antipick" or "Pyrenic", or "Comegon", or "Dachnyphil", and in one case the bone was dislodged, in another it was dissolved, in another it simply remained in situ, but never gave her any trouble thereafter. So the remedy, whatever it may be, "catches them comin or goin," if one is to believe all the reports published in the circulars. But the graft does not cease with the mail samples. In the course of time, a very nicely dresed fellow presents himself in your office, though you may have half dozen patients waiting to see you, he will manage to worm his way into your private office ahead of all the patients, and say, "I just want to leave you a few samples," but when he gets in, you have to kick him out, as he will want to spend a half hour telling you what wonderful results you can get with these remedies, and leaves you a card saying, "We will be pleased to have you report cases in which you have used our remedies, not for publication." "And at the same time we will gladly send you as many pound packages for further trial as you are willing to pay express charges on."

The whole object is, to put you under obligations to them on account of their generosity, and not on account of the established usefulness of their nostrums. But now back again to the pamphlet that is the text of this paper. On page 4 of the pamphlet, this Uriel Boone, says that he wrote an article once upon a time, commending a proprietary remedy, stating the name of ten or more prominent medical men who were publically endorsing it, and a host of others at the time; also that the ad. was carried in a respectable medical journal. The above seem to be his reasons for making the endorsement, which he says, that afterwards, when he knew more about it, he would not have written it. The question now arises:—If he had looked twice before he leaped in on this pamplet to prove that the coal tar product are harmless, would he not have desisted. All through his pamplet he speaks of "headache" powders, it seems this is what he wants to boost. Is it posible this pamphlet or excerpts from it are being scattered among the laity, to get them to patronize these companies or their side partners?

Proprietary companies have had a harvest for the last twenty years. The only requsite to do a thriving business was, that they spend two dollars to get some name copyrighted, and sufficient money to send samples to physicians with their hypnotizing literature. The physicians did the rest by their thousands of endorsements of the nostrum. When the proprietary company first sends out its samples and literature, it cannot too strongly impress on the profession that it will under no circumstances advertise to the laity. But as soon as they garner in sufficient endorsements from men who have long handles to their names, as in the case of the above mentioned Uriel, together with thousands of just common doctors, we find the same remedy, possibly under some other name on the market, advertised through the druggists with a string of doctors' recommendations attached to their literature and scattered broadcast in the community. This is the way the doctors have allowed themselves to be worked for many years. The man who has spent time, studied and spent the money necessary to enable him to attach M. D. after his name, should not so cheaply sell his dignity, as to give recommendations just because some unknown company has sent him fifteen cents worth of samples, as they cost them. But it is worse, when a man like Uriel, with Ph. G., M. D., following his cognomen, and "Formerly?" Professor, Assistant, etc. of almost everything that the fraternity is heir to, lends his name to a 44 page pamphlet advertising "head-ache" remedies, that have been sold to the laity for many years, by flaring advertisements in the daily press. But when he says that he was sadly mistaken once before in lending his name to a similar scheme, it is possible that his influence will not be very great at this time. The most charitable view of the case is, that he was down at the heel, as the saying is, and had to raise a stake, and could get it from the coal tar manufacturers.

The whole burden of the pamphlets song seems to be to prove that the products mentioned are not dangerous, yet less than one per cent now, or ever did use them. It is not my object in writing this paper to "get after" this man Uriel Boone as an individual, far from it. My object is to call the profession up before the mirror of professional dignity, that they may see themselves as others see them, that they may study well, before they attach their names to the hundred and one postal cards that come to them, requesting them to make statements as to what they think of cer-

tain remedies (not for publication) as is generally on the card. Many of these remedies are elegantly prepared, and true to name, that is true to the ingredients that they claim to contain. It is not that I object to the profession using such remedies, but it is the way the profession is used by these companies, to boost their nostrums to the laity, after they have exploited the profession, and obtained their endorsement.

J. R. Etter, M. D.
Crawfordsville, Ind.

ELECTRO-THERAPEUTICS

In reply to the inquiries of Charles P. Stephan, M. D., New Bedford, Ohio, in the January Recorder I offer the following:

Have you found faradic and galvanic electricity beneficial in treating diseased conditions especially chronic cases? Permit me to reply for at least about 50,000 physicians in the United States of America, most certainly, yes, yes, yes!

Allow me to ask what the medical profession, outside of homeopathic science, electricity, and animal therapy, offers in the cure of chronic disease? But, Brother Stephan, you failed to mention static electricity, which furnishes us the X-ray, and high frequency current, and the Morton wave current which alone will cure your old chronic cases of constipation: again the static crown negative breeze, with positive insulation, is as near a cure for Brights disease, as X-ray is a sure cure for eczema. I couldn't have a clear conscience if I did not possess a first class 20 plate static apparatus. Excuse the disgression.

Is the wall plate difficult to keep in working order? It won't work to your advantage, as to the patient's, unless you first possess a thorough knowledge of electro-physics, as well as electro-therapeutics.

What make do you use? The very best manufactured. I have a Jerome Kidder wall plate, of latest design, up-to-date. My daughter has a McIntosh, No. 6.

What text do you prefer as to practical application? First, Chas. S. Neiswanger, M. D., Electro-Therapeutical Practice; second, Homer C. Bennett, M. D., The Electro-Therapeutic Guide. But take a course first at some good Post-Graduate Medical School of Electro-Therapeutics (for instance Illinois School of Electro-Therapeutics.)

Do you have any difficulty getting patients to come to the office for regular treatment? Not if you possess the proper training, and knowledge, with tact, also due respect as to sanitation. Also keep your instruments out of sight, your many parchments in Latin, as well as your state certificate; also skeleton skull pictures, manikens and a score of other articles that are disgusting to an intellectual, sensitive, ill, patient. I expect soon to invent an invisible static, also a wall plate, vibrator, inhaler, etc., etc.

Lastly. Do you use cells or current to operate machine? Both, cells in preference for dermatology. The commercial current for the cantery, and also for the sinusoidal current. When my wife is doing "beauty work" on my face especially around my temple, or forehead, I feel a little more secure, to have her use the circle switch, on the Kidder wall plate, and cut all the forty-two cells, except five or six; this number will be sufficient for you to study the sense of touch, as well as the flash, and taste. I do not count amperage only from the static; there it is homeopathic, or in small quantities.

Theo. F. Johnson, M. D.
Perry, Iowa.

There seems to be no limit to human credulty, nor to drugless cults.—Ohio State Medical Journal.

RUNDSCHAU

By H. SPEIER, M; D.
Minneapolis, Minn.

MEDICAL ECONOMICS.

Bacteriology, although a science of only recent origin, has already transformed medicine to such a degree that the medicine of today is essentially different from that of twenty-five years ago. It has also, by showing that a majority of all diseases are caused by specific living organisms which enter the human body from without and whose invasion can be prevented, created a new science, preventive medicine which, growing daily in proportion and importance, is sure in the near future to overshadow every other medical issue. Together with it, keeping step with its development, there has come a change in the relation of the physician to the public, the ultimate outcome of which it is hard to predict.

Prevention of disease has become the watchword of the time and as a necessary preliminary to it, education of the people on questions of health and disease. Knowledge which in former times physicians withheld from the laity, not so much as a trade secret as because it was really considered beyond the comprehension of the untrained mind, is now freely made public and popularized in such form as to be brought within the intellectual reach of everybody. An experience as the writer had at one time would be impossible today. Soon after Koch's discovery of the tubercle bacillus he had for a patient the former teacher of a German parochial school in an advanced stage of pulmonary tuberculosis. Full of the great new knowledge he wanted to let his patient share it, only to learn, a short time later, that he was reportel to have told the man he had worms in his lungs. People know better today.

A great educational campaign is being carried on through the daily papers bringing frequent news of medical matters, though often garbled and exaggerated; magazines, in which articles on medical topics have become a leading feature; instruction in the public schools, public lectures, agitation of pure food laws and sanitary improvements, traveling tuberculosis exhibits, etc. Insurance companies have fallen into line. They have grasped the idea that it is cheaper to keep people well than to pay death losses and consequently establish sanitaria in suitable climates and some are offering to their policyholders free medical examinatons at regular intervals and publish well written short bulletins on the character of various diseases and how to guard against them.

The entire movement has been started and is led and officered by physicians. For this inestimable service rendered by them to mankind they receive hardly thanks and no renumeration. Instead, it rather reacts upon them as a damage, for the lessening of disease lessens physicians' business and incomes. One did not have to have a very large practice to earn several hundred dollars every year through typhoid fever. Typhoid fever is being made more and more scarce. The diarrhoeas of children, summer complaint, used to be an unfailing source of income to every general practitioner. Improved sanitation, milk inspection, instruction of mothers have diminished the frequency of these diseases. Physicians are actually at work all the time to create conditions which undermine their own existence. At best the average medical man's income in the United States was never more than

$1000. Preventive medicine, in connection with Christian science, psycho-therapy, osteopathy, etc., is cutting it down noticeably.

What is to be the outcome? Is our profession doomed to extinction? Perhaps—at least in its old form. Instead there will probably develop a system of state or social medicine, under which the medical man will be chiefly a teacher and adviser to social groups, a promoter of health rather than a curer of disease, in fact a health officer. His remuneration will then have to be established on a basis of yearly salary by contract with those who employ him, be they families, schools, factories, railroads, communities or states. At present we are in a period of transition.

DIAGNOSIS OF CANCER OF THE STOMACH.

The need of the early diagnosis is universally agreed upon. Dr. John B. Deaver, in an address before the last meeting of the Mississippi Valley Medical Association says: "In text books of medicine, even in very recent ones, the symptoms described are not those of gastric carcinoma at all. They are the symptoms of end results of this malady, pyloric obstruction and cachexia of malignant origin.

If we are to wait in our treatment until such a disease has reached its last stages, the patient emaciated, anemic vomiting continuously, and presenting a palpable mass in the abodmen, then we may as well not think of treatment at all. It is just as though we were to delay the diagnosis of a lung tuberculosis until a cavity had formed.

It would be far better if the symptoms mentioned were entirely omitted from the clinical picture of cancer of the stomach than that they should occupy a position of prominence as classical symptoms. In any person at or beyond middle age, the subject of a persistent, grave dyspepsia, with progressive loss in weight and strength, should be looked upon with suspicion. Anorexia and according to Kocher, especially that form of it which manifests itself in an aversion to meat, should be enough to cause a careful study of the case. Often a slight epigastric tenderness and a feeling of oppression after eating even the lightest of foods, will be the first symptom to come to the patient's attention.

Mr. Hale White of London, has lately called attention to the value of the X-ray in the diagnosis of certain cases of carcinoma of the stomach. By the use of bismuth the stomach can be well examined, and when the patient is in the standing position, its size and mobility determined. Even slight effects in its peristaltic movements are quite noticeable.

Disturbance in the peristaltic waves is given also by others as one of the earliest signs of carcinoma of the stomach and is readily recognizable by means of the Roentgen rays. Such an examination offers no special technical difficulties,. but requires a certain degree of experience. The operator must learn to know what he sees. As nearly every physician has access to the X-ray, this means if diagnosis may become of great practical importance and should receive general attention and study.

THE COLON TUBE.

One of the vexed and much disputed questions in medicine is, whether a soft rubber tube can be passed into the descending colon. Most men believe that they can while others, among them such authorities as Boas and Naunyn, have always maintained that the soft rubber tube always curls up in the ampulla of the rectum and cannot be made to pass through the sigmoid. The question is in a fair way of being settled by investigations made by Dr. H. W. Soper of St. Louis. He has carried on a series of experiments on the living subject, attempting to pass long, soft, blunt-end tubes with side openings into the rectum with

(Continued on page 96)

THE WISCONSIN MEDICAL RECORDER

J. P. THORNE, M. D.
EDITOR
Janesville, Wis.

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Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 13 FEBRUARY, 1910 No. 2

DRUG DISPENSING.

The article in this issue by Dr. J. A. De Armand should receive more than a passing notice. As a member of the Iowa legislature, he fully understands the efforts of the druggists to curtail the rights of physicians, by legislation. Every reader of The Recorder should explain the true status of the question to members of the legislature from his district. A few wide awake physicians in each state can preevnt adverse legislation. If our medical organizations would give attention to this matter, they could do some good work, which the rank and file of the profession would appreciate.

The fact is: No physician desires to be deprived of his right to dispense medicines, when he wishes, unless he is interested in the retail drug business.

Although a physician may make a practice of writing prescriptions, he will many times find himself greatly inconvenienced, if not permitted to dispense any medicines himself.

We believe in the end though, the druggists would injure their own business, if they should succeed in getting laws to prohibit physicains dispensing. Many physicians would start their own drug stores, in charge of registered pharmacists. We are sure that, in many places, the druggists would thus have competition, which would make their business much worse than at present.

SOCIALISM.

One of our subscribers writes as follows:

"I am deeply interested in The Recorder and believe the talks on sociological and ethical questions will do much good.

"Do you not think it is a fact that physicians are too much interested in the purely professional, and pay too little attention to the great problems of life? It seems so to me. It would sharpen their wits for their professional study and work if they would study these pressing problems, as they touch and press upon every individual no matter what his station in life or work."

We have received many letters commending the publication of the articles on socialism and a very few condemning them. One physician writes us he does not wish to read anything about socialism, and to stop the journal at once. And he lives in Missouri too, and does not want to know. He is afraid of socialism and wants to get away from it, the way the ostrich gets away from danger. If socialism is such a terrible thing, we should know all about it and

be on our guard. If there is any good in it, we ought also to know about it. Socialism is growing in this country and it concerns every individual, especially physicians to know about it. The Skeleton Paper in this issue very nicely and trenchantly presents the industrial condition in this country. When the working people receive such poor wages, where does the doctor get his pay?

We know of a city in Wisconsin, where the manufacturers are filling their shops with Slavonic workmen at low wages. The daughters of these Slavonic laborers are taking the places in other factories formerly filled by American girls but at such low wages an American girl would not work for them. How will the doctors fare in that city?

Socialism is endeavoring to help the masses and if it can do it, the doctor will be benefited. We have read considerable literature on socialism and it has neither corrupted us nor converted us to socialism. We are willing to approve the good things in it and condemn what we do not believe right. We believe there should be more ownership of public utilities; for example, the city in which The Recorder is published has a water company, which is a private corporation, and citizens pay this corporation for water four to five times what they would pay if it were a municipal plant. We believe the profession needs very much, discussion on sociological and financial questions.

The Recorder believes in presenting live discussions, with both sides of disputed questions. If you see things in The Recorder, you do not agree with, please do not get mad like the doctor from Missouri, but just write out your own opinions and we will publish them. If you have some good ideas, send them along, so that we may all profit by them. The way to have a good journal is to contribute your part to make it what you consider an ideal periodical.

ABORTING PNEUMONIA.

Dr. Charles F. Taylor, of the Medical World, demands respect for his unwearied industry, his singleness of purpose and straightforward honesty; but he has not attained and never will acquire that wide vision, that consummate knowledge of men and things, that makes the possessor exceedingly humble as to his own knowledge, exceedingly chary of assuming the all-comprehensiveness of his fact-acquisitions. There comes a day to the earnest seeker, after truth, when he realizes that he is wandering on the shore of an illimitable ocean, on which is cast, up now and then some stray specimen of its inhabitants, from which he may form at best a fragmentary conception of the rest. Dr. Taylor has not reached that point. He never will. He is too well satisfied with his present knowledge.

For instance:

Dr. Taylor says flatly that the course of such infectious maladies as pneumonia can not be shortened; that if they do not run the course prescribed for them in the textbooks they are not pneumonia, and that the physician who says he does jugulate pneumonia shows thereby that he is not qualified to diagnose this affection. Atypical forms of disease, and doctors who dare see, act, believe and speak up for themselves, are, like the Hebrews who refused to give up their Canaanitish wives and children at Ezra's behest, to be forthwith read out of the congregation.

The trouble with Taylor is that he thinks he knows about pneumonia, but he doesn't. He never practised medicine much in his life. Soon after graduation he went into the Medical World publication, which has been his life work. Consequently all the knowledge he has of pneumonia he has gathered from the text-books. These treat of typical cases; and what practician is there who has not wondered, as he became acquainted with the real

thing, where under the shining sun those writers ever found their "typical cases!"

Men who are in constant practice are not necessarily fools, but are on the average, earnest men and good observers, who acquire skill in the study of their patients. Unless they are different from all other men, they learn to recognize disease earlier as their experience increases. What, else, is experience worth? They learn to foretell what is approaching, just as the mariner foretells the coming storm by signs that escape the landsman.

We have therefore the testimony of men in full practice that they are able to recognize pneumonias in the early stages, and that by the application of the means and methods advocated by the active-principle users they break up or jugulate the attack before it has reached the stage of exudation. Dr. Taylor, who knows pneumonia only as the textbooks teach it says that these cases are not pneumonia, because they do not pass through the classic stages, hyperemia, consolidation and resolution.

Query—is a case any the less pneumonia if it stops in the first stage, that of hyperemia? Dr. Taylor says not; we say yes. He assumes that such cases would not have passed beyond this stage anyhow; that they should be classed simply as pulmonary hyperemias and not as pneumonias. We say that there is not a title of evidence favoring his view, but plenty of evidence favoring the contrary one, that these cases were true pneumonias and would have developed the classic stages had it not been for the efficacious treatment. This evidence is in the reports of physicians, real ones not amateurs, learned in the Book of Nature as well as in the textbooks, to the effect that previous to their adoption of the active principles they had cases indistinguishable from these, which developed into classic pneumonia; but when they subjected exactly similar cases to the alkaloidal defervescents, with the clean and aseptic alimentary canal secured, the cases proved abortive. The men who observed the cases believe them to have been pneumonias; and if men who did not see these cases, and never had any opportunity to become personally familiar with pneumonia as real practicians, deny that they were pneumonia, we believe the men who are best qualified to judge them correctly.

Besides, all of the evidence as yet presented in the case is on the clinicians' side. On the other is nothing but an unsupported denial; unless we accept the proposition that nothing is pneumonia unless it passes through all the stages. But the textbooks themselves do not support this view. They recognize the existence of hyperemia, and that it is the first stage of pneumonia. They do not recognize the existence of two pulmonary hyperemias, one of which is invariably the first stage of pneumonia and as invariably followed by the other stages; while the other is a radically different disease and can never be followed by the other stages of pneumonia. That would be pushing the doctrine of the essential specific nature of disease to an extreme no true physician could admit, however, the closet maker of schematic nosologies might arrange them.

If there is but one pulmonary hyperemia, and this may or may not be folfowed by hepatization, the question is whether such sequence may be prevented by treatment. If such arrest occurs without our assistance, as this view assumes, it surely does not seem unreasonable that we should claim the ability to assist the vital processes by which nature brings about such arrest. We believe we do this by studying the vital processes deranged by the disease, and applying the remedies by which such derangements are removed. For this we are primarily indebted to Claude Bernard, and his momentous discovery of the presence of vasomotor spasm in fev-

er. He himself did not realize the importance of this discovery, which was not utilized in practice until Burggraeve took it up, and founded upon it his application of the vasomotor relaxants, aconitine and veratrine. To the latter we also owe the recognition of the complementary vasomotor paresis in the inflamed area; and the surprising discovery that when the vascular tensors digitalin and strychnine, are in such cases administered simultaneously with the relaxants, each affects especially the tract where its influence restores normal conditions, and does not aggravate the complementary condition elsewhere.

The truth of these propositions is asseverated by those who have put them to the test, and denied by those who reject them without trial, from a perior reasoning.

We thus see that in this argument we have on our side:

1. The testimony of the practical experts.

2. The admission that nature unassisted stops some attacks in the hyperemic stage.

3. The treatment we employ to aid nature to accomplish this, is founded on a correct appreciation of the pathologic elements of the disease and the means of obviating them.

The testimony on the other side seems to consist in the assertion of a number of "authorities" that it can not be done; that hyperemias failing to develop into hepatization, would never have done so anyhow; and, we presume, that vasomotor contractors do not contract or vasomotor relaxants relax, the affected vessels.

Dr. W. A. Evans notes that of the six healthiest large cities in the United States, five are located on the Great Lakes. These are in the order named, Cleveland, Chicago, Milwaukee, Detroit, Pittsburg and Buffalo. St. Louis comes next, which does not look as if her health was seriously damaged by the drainage canal. Then come in succession Philadelphia, New York, Cincinnati, Boston, Baltimore, Washington, New Orleans. Cleveland has a death rate of 13.2 per thousand, Chicago of 14, while New Orleans brings up the rear with 20.6.

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(Continued from page 92)

the patient sometimes on the side and sometimes in the knee-chest position. During the introduction a mixture of bismuth in oil or water was allowed to flow through the tube. Sixty cases were thus examined. The position of the tube was ascertained by means of the fluoroscope. The results of these investigations were that it is not possible to introduce a soft rubber tube higher than six or seven inches in the rectum without its bending or coiling on itself. Soper's skiagraphs showed the tube invariably coiled up in the rectum. But they showed also that the bismuth mixture filled up the ascending, descending and transverse colon, even though the tube carrying it reached no further than the rectal ampulla.

The conclusions to be drawn from these valuable experiments are, that there is no use trying to pass a tube, no matter of what kind nor what the position of the patient, further than the rectal ampulla, that, using a tube of no more than six inches in length but of sufficient calibre, the entire colon may be cleansed by enemata, and that a short tube is sufficient even for the introduction of saline solution or nutrient enemata which are to be retained. A longer tube in fact is apt to cause irritation of the bowel and thus induce prompt expulsion of the fluid.

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This Department contains each month reviews of the latest and best books of interest to doctors. Items of literary news will furnish information on progress in the world of literature.

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In the latest issue of International Clinics, Dr. Simon Flexner gives a valuable report of his work in the laboratories of the Rockefeller Institute for Medical Research, New York, on "Antimeningitis Serum and the Results of Its Employment." Dr. Flexner says the serum "is capable of reducing the period of illness; of preventing, in large measure, the chronic lesions and types of the infection; of bringing about complete restoration of health, in all but a very small number of the recovered, thus lessening the serious, deforming and permanent consequences of meningitis; and of greatly diminishing the fatalities due to the disease."

"Treatment of Cancer by Fulgeration" by Pierre Fredet, surgeon to the Paris Hospitals, is a valuable contribution. Dr. Fredet in concluding his article says: "Fulgeration, performed according to a good technic and in properly chosen cases, has a right to occupy an honorable position by the side of, if not above, X-ray and radium treatments. Until further notice the best treatment of cancer is early and free removal. An early diagnosis, no hesitation, and no half measures—such is the formula to remember, until medicine has discovered the serum or curative remedy for which we are all so earnestly seeking."

"Color Photographs in Relation to Surgery" by Dr. C. B. Longenecker, of Philadelphia, tells of the development of color photography and its value in surgery. Color photography, while far from perfect, has been developed sufficiently to make it useful in a great variety of scientific work. The article is illustrated with some fine reproductions of color photographs.

A few of the other notable contributions in the volume are: "Diagnosis and Treatment of Pernicious Anemia," by Dr. W. L. Bierring, of the University of Iowa, Iowa City; "Adrenal Insufficiency," by Dr. E. Sergent, of the Paris Hospitals; "Gouty Phlebitis," by Sir Dyce Duckworth, M. D., of London; "Fifteen Cases from Prof. W. L. Rodman's Clinic," by J. S. Rodman, M. D., of Philadelphia; "The Indications for Surgery of the Prostate," by Dr. John Deaver, of Philadelphia; "Observations on Infantile Typhoid," by Louis Fischer, of New York; "Diagnosis of Foreign Bodies of the Oesophagus and Bronchi," by Dr. G. Guisez, of the Paris Hospitals.

This volume contains a good index of the year's series. The book is illustrated with many fine plates which add much

to its worth. The study of these books keeps the physician in close touch with professional advancement.

PRACTICAL TREATISE ON OPHTHALMOLOGY. By L. Webster Fox, M. D., LL. D., Professor of Ophthalmology in the Medico-Chirurgical College; Ophthalmic Surgeon in the Medico-Chirurgical Hospital, Philadelphia, Pa.; Member of the Army Reserve Medical Corps, etc. 300 illustrations, and 6 colored plates. Pages, 807. Price, cloth, $6.00. D. Appleton & Co., 35 West 32nd St., New York City.

This volume is just the kind of a work, which anyone familiar with Dr. Fox's clinics, would expect—clear, concise and practical, with no useless verbiage.

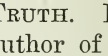
The book is not a compilation of old literature, but while presenting all that is necessary of accepted standard matter, it gives the latest and best on the therapeutics and surgery of the eye. The newer ophthalmic remedies, such as dionin, thiosinamin, and new silver salts, receive attention. The surgical part of the book is very commendable. The descriptions of the operations are so clear, that the book makes a good working guide. Dr. Fox has originated a number of valuable operations which are described in detail. Of special note is his operation for ptosis and his operation for advancement of the ocular muscles. In presenting cataract operations, the author gives a clear description of the operation usually practiced, also a good description of the Major Smith operation.

The opening chapters on the development and anatomy of the eye are very plain and more valuable than usual in such works. The bacteriology of the eye receives careful attention, the various micro-organisms being classified in connection with various eye diseases. The latest theories and facts on color perception and color blindness are presented. A chapter is devoted to the ocular manifestations of general diseases. A chapter on laboratory technic will be found very useful.

Physicians desiring to learn refraction will find the chapter on refraction very helpful. The different methods of refraction are described so lucidly that a beginner can comprehend them. There are some excellent cuts showing the shadows in skiascopy. This is far superior to the chapter on refraction in most works on ophthalmology.

The chapter on "Glaucoma" may be read with profit by both specialist and general practitioner. The nature of the disease is explicitly explained and the diagnosis made clear. The different methods of treatment are given and the merits of each fairly presented. Some books give only the operative treatment of this disease but this book gives the non-operative as well and its merits are discussed. The various operations used for the disease are explained in detail. This chapter, like the rest of the book, is modern and authoritative.

The many illustrations are excellent and add much to the text-book. An important feature of the illustrations, shows the proper methods of holding ophthalmic instruments when operating. Besides the six colored plates, many of the illustrations in the text are colored.



TREASURES OF TRUTH. By Geo. F. Butler, M. D., author of "Love and Its Affinities," "The Isle of Content," etc. Price, cloth and art board, 75 cents; leather, $1.00. S. DeWitt Clough, Ravenswood, Chicago.

This is a volume in the "Backbone" Library and a treasure worth possessing. Dr. Butler presents a cheerful philosophy of life in his inimitable style. The work is given under the following heads: "How to live," "Some Thoughts on Work" "The Successful Life" "Wor-

ry and Trouble and How to Overcome Them." The author says that these are treasures which have soothed, strengthened, and inspired him in his arduous professional work. He does not claim entire originality for the thoughts but has appropriated helpful ideas wherever he has found them.

The book will make a delightful present for friends, will always be appreciated, and will always be found appropriate for all occasions. The binding is pretty, and the printing artistic and dainty, with borders in two colors.

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LITERARY NOTES.

In the February number of The American Magazine Ray Stannard Baker gives the first of a new group of great news articles. He tells the facts about the insurgent movement.

A well-known novelist who withholds his name tells a most interesting story in the February McClure's of his experiences as a moderate drinker Prof. Hugo Munsterberg tells how psychology could and should be utilized by young America in the choosing of a career; Xavier Paoli, "the Guardian of Kings," writes delightfully of the courtship of King Alphonso and Princess Ena.

Everybody's for February, through the agency of Richard Washburn Child, attempts an analysis of Schedule "K." This is the tariff section that deals with wool. The conclusions are that this schedule is cleverly drawn to fool the sheep-raiser, discourage the small independent manufacturer, and make the average American wear poor clothing at high prices. All for the benefit of half-a dozen magnates.

The first issue of the Backbone Monthly fully meets the expectations aroused by the publishers' announcements. It is a journal of optimism, instead of pessimism as are so many of the fadazines of the day. If you read Hubbard's Philistine, you need the Backbone Monthly as an antidote. The Philistine leaves a bad taste in your mouth, while the Backbone Monthly makes you sweeter and makes life worth while. If you wish to know more about this unique magazine, write to S. DeWitt Clough, Ravenswood Sta., Chicago.

Dreer's Garden Book for 1910 is the seventy-second annual edition of this garden manual. It is a book of 256 pages, profusely illustrated with halftones and colored plates. It contains cultural instructions for growing vegetables and flowers of all kinds. If you plant a seed or raise a plant or shrub you need this book. It is much more than a catalogue as it contains so much information on gardening and farming. The house of Henry Dreer is one of the old, large and responsible seed and floral firms. Many hospitals and sanitariums buy their supplies for gardening and landscape improvement of this house. Copies of the Garden Book may be obtained free by addressing Henry A. Dreer, 714 Chesnut St., Philadelphia.

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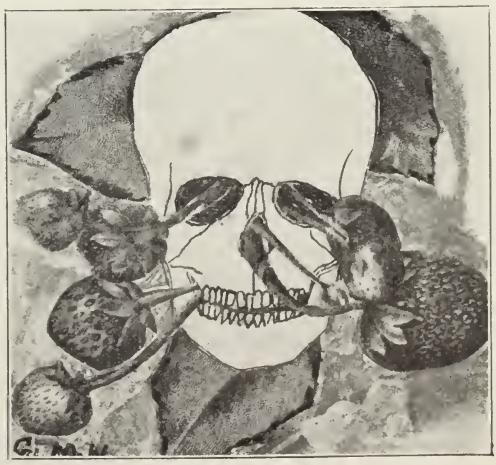
IN THE GOOD OLD SUMMERTIME.

Drawn by Grace M. Norris, M. D.



MISCELLANY

THE THERAPEUTIC VALUE OF IODINE AND LIME

The value of iodine as a remedy for many diseases of the respiratory organs has long been recognized but unfortunately this drug when given for any length of time or in effective doses is apt to cause marked systemic disturbances. The individual suffering from phthisis, chronic or other diseases of the respiratory organs affecting unfavorably oxygenation, particularly of the blood, requires iodine, it is true, but he also needs to be well nourished, and heretofore, the anorexia, sub-acute gastritis and other disturbances following its exhibition more than counter-balanced the beneficial results obtained.

In many individuals intolerance of the drug is extreme, "iodism" making its appearance after a few doses. For these and other well-recognized reasons, iodine had, to a great extent, been dropped from the materia medica of a large number of physicians, until the introduction of calx iodata (calcidin, Abbott) some few years ago enabled them to secure all its desirable effects without producing at the same time undesirable symptoms. Calx iodata, as the name indicates, is a definite substance containing 15% of available iodine with 85% of calcium (hydrate and carbonate.) In the system the lime and iodine, modified, are acted upon conjointly and produce therapeutic results different from those obtained from iodine alone in any known form. As our knowledge of the body chemistry increases we are able to understand why certain drugs produce definite results when given under similar conditions.

We know now that iodine has proven beneficial in phthisis, not only because it exerts an inhibitive action upon the growth of bacteria themselves but because its products combine with oxygen and cause increased activity of the cells. Destruction of low-grade tissue goes on more rapidly and—provided elimination is maintained meanwhile—the system rids itself of an immense amount of effete (toxic) matter. While iodine hastens and increases the destructive processes it does not supply the material necessary for cell repair and its unfortunate action upon the gastric mucosa lessens the supply ordinarily received in the natural manner—from the food. Calcium affords just the material necessary for the reproduction of the normal cell. Moreover when combined intimately with iodine (as in calx iodata) it causes the latter to enter the system in an acceptable form and large doses may be given for a considerable time without in any way deranging the digestion or causing the slightest sign of "iodine sufficiency."

Theoretically calx iodata should be one of the most positively useful remedial agents in phthisis pulmonalis and the hundreds of clinical reports received during the past two years convert theory into fact. Calcidin, guaiacol and nuclein may perhaps be regarded as the three remedies capable of controlling the pathological conditions existant in pulmonary tuberculosis, and their combination, in nuguaicol, Abbott, is producing excellent results.

Some particularly interesting and timely literature on calx iodata, also on nuguaicol, can be obtained from the Abbott Alkaloidal Co., Ravenswood Sta. Chicago. Samples await your request.

The Wisconsin Medical Recorder

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Vol. XIII MARCH, 1910 No. 3

ELECTRO-THERAPEUTICS

By William R. D. Blackwood, M. D. Philadelphia, Pa.

(Continued from Page 55 February Recorder)

In speaking of electricity in paralysis last month I did not give some points which require mention. When using the galvanic current you will, at times, need to interrupt the flow with a circuit breaker, and the effect is to set up an induction current just when the interruption is made—the so-called electro-tonus.

The body is actually a galvanic battery. If you take alternate layers of fat and lean, separating them by blotting paper, and when a pile, say ten feet high, or long, is gotten, by wetting them with salt water if the terminals are connected through a galvanometer you will get a current when the circuit is made or broken, and the condition of the cells then is known as "electro-tonus," or "anelectrotonus." By this I mean the cellular construction of the human body.

One of the most valuable uses of galvanism is in the widely known forms of neuralgia, and in actual neuritis. I have treated thousands of such instances and all without failure when they came for a proper length of time. The most difficult instances are those formerly called "tic," a neuralgia of the trifacial nerves. Stubborn, of course, it still will give way to thorough electrical treatment, big doses which can be borne without actual burning of the face. One pole on the neck, the other labile over the affected parts. "Labile" means moving, "stabile" is stationary. The neck electrode is stabile. "Electrode" here means the sponge-handles, but the plates or rods inside a galvanic cell are also called "electrodes." In tic I generally use medicines too, besides the current—quinine, arsenic, strychnia, sometimes acetanilid, and with this in any case I always add to two grains of acetanilid, one of ammonia carbonate, and three of caffeine bromide, and occasionally a grain of cactina, the cactina pillets.

In the so-called "stiff-neck," torticollis a good dose of galvanism will soften the thing up in a few minutes. Of course the laity depend on liniments which are all right, but where you can get them to come to you once they will always return because the relief is so great and so certain. In all headaches electricity will relieve the actual pain, and this is a good thing during the period where systematic treatment is indicated, such as attention to the stomach, liver, or kidneys. Static electricity will stop headache at once, the condensers being cut out, and the "breeze" current applied. Cervico-brachial neuralgia hurts a whole lot and is difficult to meet ordinarily, but faradism will generally do great good whilst the system is being brought under the influence of strychnia, morphia, and maybe, acetanilid with ammonia. In pleurisy, which is sometimes very hard to bear when the ribs ache badly and keep one from breathing, almost, faradism will be very useful in mitigating the pain, in association with local sedatives such as hot water, mustard, or a good liniment such as the tr. saponis

camph., with a drachm of chloral and a couple of drachms of chloroform, with possibly one of tr. aconite rad. to each ounce. In hiccough, strong sparks from a static will often stop the paroxysims in a few minutes, and I want right here to tell about a case where the man had been scared by the persistence, and where an appeal to drawing his attention to something else than the spasm, relieved him quickly. A bystander told him to drink a glass of water slowly whilst he stopped the ears of the victim up with his fingers; in the two minutes needed to swallow the fluid the spasm ceased, the reason being the withdrawn attention to renewed jerks.

(To be continued).

PHYSIC IN YE OLDEN TIME

By D. L. Field, M. D., Jeffersonville, Ind.

(Contined from Page 60 February Recorder)

The Persians, finally, under Cyrus, who, after his great victories, set the example, and was imitated by his army, became subject to the most ruinous excesses of luxury, and extravagance; and according to historians: "What, then, is that subtle, secret poison, that thus lurks under the pomp of luxury and the charms of pleasure, capable of ennervating at the same time, both the whole strength, of the body, and the vigor of the mind?"

It is not very difficult to comprehend why it has this terrible effect. When men are accustomed to soft and voluptuous manner of living, can they be fit for fatigues and hardships? Are they qualified to suffer the vigors of the season, to endure hungar and thirst, to pass whole nights without sleep, for facing dangers, and even death, if need be? In sipte of the warnings and expostulations of their medical men the Persians gave themselves up to dissipation; disease of various kinds, followed such excesses, and people died at a rapid rate. Cyrus had within his kingdom, and about his court, physicians who were eminent, for that day; but when people rush headlong in dissipation in defiance of warnings of science, nothing else could be expected but the decline of the Medo-Persian empires.

In Sparta, according to the ordinances of Lycurgus, as soon as a boy was born, the elders of each tribe, visited him, and if they found him well made, strong and vigorous, they ordered him to be brought up, and assigned him one of the nine thousand portions of land for his inheritance; if, on the contrary, they found him to be deformed, tender, and weakly, so that they could not expect that he would ever have a strong and healthy constitution, they condemned him to perish, and caused the infant to be exposed.

Children were early accustomed to not be nice in their eating, to walk barefoot, that they might be inured to fatigue and exposure, to lie on something hard at night, to wear the same clothes summer and winter, in order to harden them against heat and cold. The Spartan youths, in celebrating a festival in honor of Diana, suffered themselves to be whipped till the blood ran down on the altar of the goddess, where sometimes they expired under the strokes; and all without uttering the least cry, or so much as a groan, or sigh, and even their own fathers, when they saw them covered with blood, and wounds, and ready to expire, exhorted them to persevere unto the end, with constancy and resolution. Plutarch says, "he has seen with his own eyes, a great many children lose their lives, in the celebration of these cruel rites."

I mention the foregoing matters, al-

though I may be charged with digressing from physic, to show what means were employed to preserve health, and bodily vigor.

Alexander the Great having plunged into the cold waters of a river near Tarsus, in order to bathe and cool himself off, was seized with a violent chill and internal congestion. He was carried to his tent, where he "fainted away," and the bystanders set up a great outcry that he was dying. It was on the eve of a battle with Darius.

Alexander said: "The present condition of my affairs will not admit of slow remedies, or fearful physicians. A speedy death is more eligible than a slow cure. In case the physicians think it in their power to do me any good, they may know, that I do not so much wish to live, as to fight."

The physicians, who were sensible that they should be answerable for the event, did not care to hazzard violent, and extraordinary remedies, especially as Darius had published that he would reward with a thousand talents the man who should kill Alexandar. However, Phillip, an Arcananian, one of his physicians, (who had attended him from his youth, and who loved him with the utmost tenderness, not only as a child, but as a sovereign as well) raising himself above all prudential considerations, offered to give him a dose, which, though not very violent, would, nevertheless, be speedy in its effects, and desired three days to prepare it. At this proposal, everyone trembled but he alone whom it most concerned. Alexander was troubled on no other account except that it kept him three days from appearing at the head of the army. Alexander was warned to beware of Phillip, but he put great confidence in him. The letter of warning, he placed under his pillow, without acquainting anyone with its contents.

The day being come, Phillip entered the tent with his medicine, when Alexander, taking the letter from under his head, gave to the physician to read. He took the potion, fixing his eyes, upon the physician, swallowed it without the least hesitation, and without betraying the slightest suspicion, or uneasiness.

Phillip, on reading the warning letter, showed greater indignation, than surprise; and throwing himself on the king's bed, he exclaimed: "Royal sir: Your recovery will soon clear me of the guilt of parricide, with which I am charged. The only favor I beg of you, is, that you be easy in your own mind, and suffer the draught to operate, and not regard the intelligence you have received from servants, who indeed have shown their zeal for your welfare, however, indiserect and unreasonable." The words not only revived the king, but filled him with hope and joy, for said he: "Be yourself easy, for I believe you are disquieted upon a double account; first for my recovery, and secondly, for your own justification."

In the meantime, the physic worked so violently, that the action of it strengthened Parmanio's accusation, for the king lost his speech, and was seized with fainting fits, so that he had hardly any pulse left, or the least symptoms of life.

Phillip employed all his powers to recover him, at every lucid interval, diverted him with agreeable subjects, conversing with him about his mother, and sisters; and another, about the mighty victory that was advancing, with hasty steps, to crown his triumphs.

"At last, the physician's art having gained the ascendancy, and diffused through every vein a salutary and vivifying effect, his mind first began to resume its former vigor, and afterwards, his body—much sooner than had been expected. Three days after, he showed himself to the army, who were never satisfied with gazing upon him, and could scarce believe their eyes, so much had

the greatness of the danger terrified and dejected them. No caresses were enough for the physician; everyone embracing him with the utmost tenderness, and returning him thanks, as to a god who had saved the life of their sovereign."

(To be continued.)

VARIX OR VARICOSE VEINS

By J. L. Wolfe, M. D., Cedar Falls, Iowa

This variety of "vascular tumor" consists of a dilatation and elongation of the deep or subcutaneous veins. This condition may exist in any portion of the body, even in the bones. It may involve a small portion of one vein, superficial or deep, or as is most usual, a chain of veins. It is most frequently observed in the superficial veins. It is especially apt to occur in the saphenous veins. Hemorrhoids and varicoceles, are common forms of varix. Unusual types are the dilatation of the jugulars from stenosis of the vena cava descendens, and that of the superficial abdominal veins from stenosis of the ascending cava, such conditions are described by some authors as simple hypertrophies or dilatation of veins, Any long continued dilatation constitutes a varix. Hyperplasia of the normal tussues of the venous wall, is the natural consequence of prolonged pressure and increased function. The hypertrophy of the wall is not always equal to the resistance of the increased pressure; hence sacculated pouches occur when the vessel wall becomes much thinner than normal, not unfrequently resulting in rupture. Varix is of frequent occurrence in women who have had repeated pregnancies. Poorly fed and hard worked persons, especially those who work in an upright posture, are more prone to varix than others. There can be no doubt that gravitation is the chief and immediate cause of this disease. The veins most subject to the greatest prolonged blood weight and least protected by pressure, are involved in a great majority of cases. Paralysis of the muscular walls, either by atrophy of the muscles, or interference with the function of the nervi-vasorum, may cause varix. This is proved by the fact that a small segment of a single vein in the upper portion of the body where the anastomosis is free, and gravitation cannot be considered as a factor in the dilatation, may be the seat of this affection. In well marked varix, the veins are greatly increased in size and in length; so that they seem coiled and twisted upon themselves in knotted masses. They are narrowed in caliber at frequent intervals, these contractions opening into expanded pouches in general appearance, not unlike the sacculated large intestine. The valves are wholly inefficient, and at times partially destroyed. At the level of the valves the walls are exceptionally thickened. The thickening is due to a multiplication of the muscular elements, and hyperplasia of the connecting tissues. The connecting tissue formation, is abundantly distributed in the meshes of the elastic network, and the bundles of fibers are usually arranged parallel with the long axis of the vessel. This accounts for the longitudinal ridges seen on the inner surface of the affected veins. Even the nutrient vessels of the walls of these varicose veins—the vasa vasorum—have undergone hypertrophy and are themselves the seat of varix, forming at times various caverns in the wall of the vessel which communicates with the vein. The internal tunic is not, properly speaking, thickened, except at the points of attachment of the valves or when a thrombus is formed.

Immediately external to the middle elastic tunic, the muscular tissue appears

increased in quantity, arranged in tranverse and perpendicular lamina, separated by bundles of hypertrophied connective tissue, which are not infrequently stained with granular pigment. Calcareous deposits occur primarily within, or between these connective tissue bundles.

Hyperplasia of the connective and other tissues in the immediate vicinity of a varix of long standing, presents the usual appearance of elephantiasis. Small spots of ulceration occur as a result of malnutrition and coalescing form the large and obstinate ulcers seen so frequently in varix of the legs. The veins become greatly elongated and assume different shapes, irregularly sinuous or corkscrew-like, twisted upon their axis, and frequently on account of perivascular inflammation, matted together by new-formed connective tissue into venous tumors. Occlusion of varicose veins may result from thrombosis and a cure may thus ensue.

Varicose veins are to be treated, chiefly by artificial support of the weakened and dilated walls. Eczema and the various forms of ulcer occurring in connection with varix, are relieved by proper support. The varix, however, is not often cured by this means alone, which is merely palliative. Martin's elastic bandage is of great use. Bandages of muslin or flannel properly applied give great relief. The relief of pressure by position is always advisable. All supporting apparatus and bandages, should be removed at bed time, and adjusted before rising.

An application of hamamelis at night, after removal of supporting apparatus and bandages, and in the morning again before their application is very good and will assist in hastening a cure.

DERIVATION AND CHARACTERISTICS OF ACTIVE PRINCIPLES

By George L. Servoss, M. D. Fairview, Nevada

(Continued from Page 64 February Recorder)

CERASIN.

This is an Eclectic remedy derived from the tincture of Prunus Serotina, also called Prunin, and consists of a brown powder, soluble in alcohol. According to Merck's Index, it acts as a bitter tonic, sedative and expectorant and is used for cough in phthisis, bronchitis and colds, general debility and palpitation of heart. The dose is from 2 to 10 grains.

CHELONIN (ECLECTIC).

Merck lists this as from Chelone Glabra (Snake head) and says that it is obtained in a brown bitter powder and acts as a tonic and aperient and gives the dose as 1 to 2 grains .

COCAINE.

Cocaine is an alkaloid derived from several varieties of coca, especially the Coca Erythroxylin, and is obtained in colorless crystals, soluble, one part in 9.5 alcohol, 15.5 dilute alcohol, 5.5 ether in chloroform, benzine, carbon disulphide, petrolium ether, in 2500 of water at 15° C., % of alcohol, 3.8 of ether, very soluble in chloroform and warm alcohol, in 14 parts oil of turpentine, in 12 of olive oil, insoluble in glycerine. It acts as a cerebro-spinal stimulant and local anesthetic. The hydrochloride salt of the alkaloid is the form in which Cocaine is popularly employed, it being much more soluble than the alkaloid. The principal use of Cocaine is as a local anesthetic, either by direct application to the surface or by hypodermic application. When used internally the dose is from 1-2 to 1 1-2 grains. Hypodermically, the amount employed is graduated by the conditions.

CODEINE.

Codeine is one of the numerous active principles of opium. Chemically it is a methyl morphine. It is obtained in colorless, alkaline crystals, of bitter taste, soluble, one part in 3 of alcohol, 2 of chloroform, 30 of ether, in benzine, carbon disulphide, in about 120 of water at 15° C., (in 120 water, 1.6 alcohol, 12.5 ether, and 0.66 of chloroform at 25° C., U. S. P.), melting at 154. (° C., U. S. P.) The actions are the same as of morphine, as are the uses. The soluble salts of the alkaloid, particularly the sulphate, are usually employed. This particular salt is much more soluble than the alkaloid. Codeine is much less poisonous than morphine. The dose of the sulphate is from 1-2 to 2 grains.

COLCHICEIN.

Merck give this as a decomposition product of colchicine, with the chemical name of acetotrimethylcolchicinic acid, obtained in small, yellow needles, with the chemical formula of $C_{12} H_{23} N O_6 \cdot 1\text{-}2 H_2 O$, soluble in alcohol, ether, and chloroform and slightly in water, and melting (hydrated) at 149 to 151° C. This authoritiy says that it acts as antipodagric and antirheumatic and gives the dose from 1-20 to 1-60 grain.

COLCHICINE.

While Merck says that this is the alkaloid of Colchicum Autumnale, others doubt if it should be called an alkaloid, as it is of acid reaction. It is obtained in the form of yellow crystals, or amorphous powder, of very bitter taste, chemical formula $C_{22} H_{25} N O_5$, soluble, one part in 22 of water, 155 of ether, and 87 benzole, at 25° C. (U. S. P.) Crystals melt at about 120° C, with previous softening, the amorphous at 142° C., with decomposition when dried, (142.5° C., U. S. P.) Acts as an antirheumatic, antineuralgic and has some alterative action. Used in gout, rheumatism, uremic conditions, chronic sciatica. The standard dose is 1-134 grain.

COLLINSONIN.

Merck gives this as a resinous extract from Collinsonia Canadensis, while Abbott, says that it is a concentration from the plant. It is obtained as a chocolate-colored powder, with a peculiar odor and bitter astringent taste, soluble in alcohol, ether and chloroform. The eclectic authorities consider it as a tonic, alterative, stimulant and diuretic, acting principally upon the veins and mucosa, but sedating irritation of the vagus. It is used in catarrhal conditions of the mucosa. Ellingwood says that it is a specific for hemorrhoids. It is useful in hemorrhage of pregnancy. The dose is 1-6 to 4 grains.

COLOCYNTHIN.

This is a glucoside from Colocynth, and fully represents the remedial powers of the plant. Merck says that it is obtained in a yellow powder, soluble in water and alcohol, with the formula of $C_{66} H_{84} O_{23}$, and that it has the same action as has the plant, cathartic, but that it is not as drastic or toxic as the extract. It is used as a purgative. Merck gives the dose 1-6 to 1-2 grain, but smaller doses have been found effective.

COLOCYNTHIN, RESINOID.

This is obtained from the alcoholic tincture of colocynth, by evaporation, according to Merck, and is a chocolate-colored powder, soluble in alcohol. The actions and uses are similar to those of the glucoside of the same name. The dose given by Merck is 1-4 to 1 grain.

CONDURANGIN.

This is the most commonly employed active principle of Condurango, and is a glucoside, obtained as an amorphous, yellow, aromatic, bitter powder, soluble in alcohol, slightly in ether, water and chloroform. Its most prominent action is as a stomachic and is used principally in gastric affections, particularly, cancer. Merck gives the dose 1-10 to 1-4 grain. It is recommended in dose of 1-67 grain, hypodermically, rapidly increased to 1-12 grain, the injection to be

made directly into the cancer substance. It is also useful in other forms of cancer than gastric.

CONESSINE.

This is an alkaloid from the barks of Nerium Antidysentericum and Holarrhena, mentioned by Merck, seemingly not cited elsewhere. It is obtained in whitish, bitter crystals, soluble in ether, chloroform and alcohol and slightly in water, at 122° C., and with the formula of $C_{24} H_{40} N_2$. Merck says that it has astringent and anthelmintic action and is used in diarrhea and dysentery. Dose not given. This is a very expensive drug.

CONHYDRINE

An alkaloid from conium seeds, mentioned by Merck. Obtained in colorless crystals, soluble in alcohol, ether and chloroform, slightly in water. Melting at 118-121° C., boiling at 220 to 225° C., with the formula of $C_8 H_{17} N. O.$ Has the same action as Cicutine, and in addition is alterative and antiseptic. It is a powerful poison and no dose has been given.

CONHYDRINE (PSEUDO)

This is also an alkaloid from conium, obtained in colorless crystals with same formula as the foregoing alkaloid of the plant. Soluble in water, alcohol, ether, benzine and chloroform, melting at 100° C., and boiling at 230 to 232° C. It has the same actions as conhydrine, but is not as toxic. Dose is not mentioned.

CONINE.

See Cicutine.

CORIAMYRTIN.

Merck gives this as the bitter principle from the leaves and fruit of Coriaria Myrtifolio, obtained as colorless crystals, soluble in water, alcohol, ether and chloroform, melting from 228 to 230° C., with analeptic action, used in collapse, especially due to debilitated respiratory and vascular center. 1-60 grain is given as the maximum dose. Not mentioned elsewhere, probably because of cost.

CONVALLAMARIN.

A glucoside from lily of the valley. Occurs as a yellowish, amorphous, bitter powder, soluble in water, alcohol, insoluble in chloroform and ether. Is a heart stimulant and has much the same action and uses as has digitalin. Dose 1-2 to 3-4 grain.

CORNIN.

Cornin is a concentration from Cornus Florida, Dogwood. Felter and Lloyd say that dogwood acts as a tonic, astringent and slightly as a stimulant. It is also antiperiodic in action. It occurs as a brown bitter powder, and is used instead of quinine in malaria, and in other conditions where the latter is indicated. Merck gives the dose 2 to 5 grains.

CORNUTINE.

This is an alkaloid derived from ergot, and is obtained in an amorphous, brownish-black mass, soluble in hot alcohol, slightly in water. It acts and is used in the same manner, as is ergot. Merck gives the dose as a hemostatic, 1-2 to 1-6 grain, and for spermatorrhea 1-20 grain. For hypodermic injection, the citrate salt is recommended. Kobert claims that cornutine is the true, active principle of ergot.

COTOIN.

Cotoin is a crystalline glucoside from the bark of the coto, an undetermined South American tree. The active principle is obtained as a yellowish, crystalline powder, of pungent taste, soluble in alcohol, ether and boiling water, very slightly in cold water. Merck gives the formula as $C_6 H_2 (O H) 2 (O C H_3) C O C_6 H_5$, and the malting point as 130-131° C. It acts as a bitter tonic and astringent and is used in diarrheas, especially tubercular, cholera, dysentery. Contraindicated in enteric hyperemia and tendency to intestinal hemorrhage. The dose is 1-67 to 1-22 grain every two hours.

(To be continued.)

THIRTEEN UNCANNY TALES

VI—THE VENGEANCE OF A SKULL

(Continued from page 71, February Recorder)

By GRACE M. NORRIS, M. D.

Four years after the events narrated, the student friends were located at different places. During the period, Schooler had taken up his residence in Los Angeles, married the beautiful Miss St. John and became a happy husband and father. Woodville had received his M. D. degree and started to practice medicine. Gardiner had located in Nevada City as a real estate man.

Dr. Woodville could not, however, forget the adventure at the theater, suspicion haunted his mind, and though Mr. St. John had called upon him many times and appeared anxious to cultivate his acquaintance, he never could endure the idea of reckoning him among his friends. He was one of that class of characters who cannot simulate. His behavior always certified how he thought or felt. He had conceived a deep distrust and dislike of Mr. St. John, believed him, in his inmost mind, to have committed some crime or to have had some connection with crime—a big hypocrite, haunted by qualms and fears and constantly assuming an air of hilarity and bravado to set suspicion and detection at bay; and, so believing, shunned and repelled his advances with all the force of his odd, sarcastic nature. Mr. St. John bore this for a time, laughed at him about his peculiarities, and unsociability, but at last tired, humiliated and irritated, he bade him adieu as a quixotic fellow, and undeserving of friendship. The connection which his friend Shooler had formed with the St. Johns had excited a sort of horror in the mind of Woodville. He never saw Schooler with his charming young wife and his cunning little boy without a sensation of fear and inquietude and would think to himself, "I trust nothing will be revealed in their time."

Shrank back with apparent fright at the narration of the uncanny tale

In the month of September, in this same fourth year, Dr. Woodville and Gardiner planned to take a vacation in the East and spend a few weeks at the famous Rangely Lakes in Maine. They stopped in Portland to call on an old friend, who had migrated from California. At the home they were introduced to two ladies, an elderly woman, Mrs. Johnston and her daughter. They chatted for some time and then in some way the Mrs. Johnston mentioned Swanzy, N. H., and how she had met Denman Thompson there. It was where he rested from his theatrical labors, after touring with "Old Homestead." Naturally enough, Dr. Woodville and Gardiner involuntarily recalled the evening they witnessed the play, and thinking the anecdote worth telling, the former proceeded to recount to Miss Johnston the incident of the skull, just as the choir of Grace Church was singing "Where is my wandering boy tonight," and the whole

house was wrapt in ectasy; how Gardiner by turning had knocked the skull from his hand, its rolling to the feet of a man, and the consternation of the whole party; the acquaintanceship which had sprung up entirely through the incident, ending in the marriage of his friend Schooler to the daughter of the man, who was so alarmed by the skull, and how he had the skull still in his office. Miss Johnston listened to Dr. Woodville with great attention as he related how the man in the box unsuspectingly picked up the large skull and fainted upon seeing it, but as he coupled the name of Mr. St. John with it, she shrank back with apparent fright at the narration of the uncanny tale. Then arising with undisguised feelings, with a slight shriek, she hurried gasping out of the room.

Dr. Woodville was greatly shocked at the result of his communication and his embarrassment was by no means diminished, when Mrs. Johnston who was talking with the host, hurried out after her daughter. She soon returned and said her daughter was feeling so poorly that it would be necessary to call a hack to convey them to their rooms.

So Woodville and Gardiner also left and were soon at their hotel. For the second time the skull had placed a number of individuals assembled for a pleasant time in a most extraordinary predicament.

The next day their host called at their rooms and assured them that Miss Johnston had recovered; it was only a fright caused by the tale and she was very nervous and little morbid incidents often upset her. He then said Mrs. Johnston and her daughter had come from the West many years before and still owned some real estate and that once a year a man bearing the same name came to see them and pay them money.

Several dead oaks stood before it

The doctor and his friend walked to the postoffice and the two men met Mr. St. John coming out of the building. They both recognized their old acquaintance, Mr. St. John. "Ah!" exclaimed he, without any appearance of astonishment, as he advanced and shook hands with them, "I understood that a couple of men from the Golden West where in the city and from their description guessed you were the parties. Very glad to see you!"

"We were not aware that you had relatives here," said the doctor, with a laugh. Their salutations and various inquiries being concluded, the doctor said, "An acquaintance has christened you as Johnston, and dubs you as either father or brother of the ladies of that name here."

"Pooh!" said Mr. St. John quickly. "He has surely mixed the names through a similarity. Ah! Ha! They are no relatives of mine. I am merely their man of business, having to superintend the administration of their property, which gives an income of $500 a year for each of them; poor women, I wish it was more. Well, what are you going to do with yourselves? I am off for New York tomorrow. But today I am going to see a friend in the country. I prefer the open air, the song of the birds, with freedom at every step to the close confines of the city."

Then suddenly his mind changed and his good humor and cordiality vanished and grasping the young doctor by the arm, he said in a tone of concentrat-

ed ferocity. "Why do you relate that beastly tale of that old rotten pate you lugged into the theater and my fainting away, everywhere you go among my friends, to hold me up to ridicule? Now, mark you, Woodville, this is the last time I put up with it; tell it again and I will thrash you within an inch of your life, and I am tempted to do it now."

The spot was delved and an entire skeleton brought to light

The suddenness and vehemence of this outburst amazed the men. The possible reason of it and Woodville's old impressions broke darkly on their minds, as they beheld the face of the speaker, white, even to the fiercely compressed lips, with inexplicable anger. The young doctor's blood rushed to his cheeks at the threatening manner in which he was addressed.

He replied haughtily and defiantly: "I am quite able to regulate my conduct for myself; I see no harm in relating the incident; it was quite innocent in itself and furthermore I have the identical skull to illustrate the tale and if people choose to entertain extraordinary and unreasonable fancies about it, they may—I cannot help that."

"But I desire that you do not mention my name," cried Mr. St. John, with increased vehemence. "You may talk what foolery you please, but you shall not mix my name up with it—preparing ridicule and insult for me wherever I go! Do you hear? I can prevent that, and I will." Then his face changed. "But I fear I have carried the joke too far. Ha! Ha! Ha! Ha! He is ready to kill me! Ha! Ha! Ha! Ha!"

The revulsion was as sudden and almost as irritating as had been the outburst Still continuing to laugh loudily, he held out his hand to Dr. Woodville to take. But the latter was not so quickly mollified; standing aloof, he demanded an explanation of his conduct.

"Forgive me," returned Mr. St. John, "I dare say I have insulted you and given you just cause for offense, but I am not myself today; adversities have arisen that have irritated me beyond measure." His tone was now serious and even melancholy and he pressed his hands to his head as he stood there.

Gardiner interposed and a sort of reconciliation took place, though it was by no means cordial on the physician's part. St. John left them and they did not see him until he returned to the hotel in the early evening.

Mr. St. John went to the hotel and started making preparations to leave and dispatched a servant on various errands connected with his departure.

At about eight o'clock, two well dressed individuals walked into the hotel and enquired of the clerk if a Mr. St. John was within. "St. John," said the employee, pondering on the name, "There is no St. John in this house, but there is—let me see," he ran over the list of recent registered names, "yes, there is a Mr. Johnston here."

"Johnston—Ah! that is the name, Mr. Johnston, we mean," said the stranger.

He and his companion were then shown to the room of Mr. St. John, who, it appeared, had assumed the name of Johnston on leaving the West. On being introduced into the presence of St. John,

they requested a few moments private conversation with him. Gardiner, who happened to be in the room at the time retired instantly as he observed with surprise and indefinable expectations of calamity, that unmistakable signs of consternation were immediately betrayed by the man. What passed between the latter and the strangers is not known. In half an hour, however, they all left the house together, and the two never saw their extraordinary acquaintance again. For, while they were sleeping, Mr. St. John was being conducted rapidly to the West by the two detectives. California reached, he was immediately conveyed to Sacramento and later to Carson City, Nevada, where he was brought into the presence of the legal officials for an examination under the following circumstances.

Some twenty years previously, a gentleman of property residing in Carson City had died, leaving his wife and young daughter. The superintendence of the affairs of the family was intrusted to two guardians, who had been friends of the deceased. One of them was Edward Marx. This man was a giant measuring 8 feet and 6 inches, and weighing 400 pounds. He could have won fame and fortune in the side exhibition of a circus touring the world, but was a person of quiet tastes and dwelt with his mother and spent his time in his library or in the cultivation of flowers, of which he was a faddist on certain species. Mr. Marx lived in Carson City, and the other trustee, Francisco St. John, an attorney, in Sacramento. A year or two after this arrangement had been in operation, a great improvement became manifested in the position of Mr. St. John. In place of the somewhat humble office he had hitherto occupied, he rented a fine suite of offices in the best location, and for a residence, a home in the elite circle, which he had handsomely furnished. He pushed his practice with great assiduity, became well known as a bustling, energetic, and shrewd attorney, and appeared as one who had continuously worked his way upwards, had prepared to assume a good position and had a busy and prosperous career. He gained recognition as a lawyer, moved in good society, married well and with his stately wife and handsome daughter, seemed to present a very excellent example of worldly prosperity.

From out the darkness of his cell, stared a great, white skull

Meanwhile, friendship had sprung up between Mr. Marx and the ward, Miss Johnston, which appeared likely to terminate in marriage and that gentleman found reason for anxiety and complaint in the manner in which he was treated by his co-trustee, who seemed determined to take upon himself the whole management of the property. All the documents pertaining to the estate had been placed in the custody of St. John, and he had been intrusted with the collection of rents and legal management of their affairs, in view of his profession. Through a report, he found that the lawyer had an opportunity to invest a sum of money belonging to the estate, and intended to do so. Mr. Marx wrote him desiring to know the nature and security of the investment and stated that he trusted Mr. St. John would not take any steps in that direction without consulting him. To this letter,

no reply was made and Marx was surprised that the next month Mr. St. John, instead of remitting to him as formerly, came to Carson City and paid the money he had collected into the hands of the family. Then he called upon Marx and in an authoritative tone, told him that the letter had given him offense both as to his standing as an attorney and club man, he knew how to invest money without dictation from a man who did not know the business world. Suspicions arose in the mind of Marx that all was not right, especially when he heard of St. John's sudden prosperity. He therefore started an inquiry, and at length discovered that the lawyer was a double dealer, a wild cat prospector in all kinds of deals, and speculating with the money of his wards. He instantly wrote to him, intimating that he knew all and demanded an account of the estate, and threatened in case he refused to proceed with law. To this St. John made no reply, but in a few days he came to Carson City, for the purpose of furnishing a home there, which in the course of business had come into his possession. As soon as the home was furnished, he issued an invitation to dinner to several of his friends, among the number Marx and the Johnstons. Marx called upon him in the morning of this day, but what passed between them is not known, for Marx was never seen afterwards. The evening was one of great enjoyment to the guests assembled. Mr. St. John was in his best humor. Several times he inquired of Mrs. and Miss Johnston whether they had seen Marx, appearing surprised and vexed at his absence. In the midst of the festivities of the evening, Mrs. Marx came to inquire after her son, who had not been home all day, and received from St. John a message to deliver to her son, as soon as she should see him—that he, St. John was "very much hurt at Mr. Marx's absence and thought he was not treating him in a friendly way."

As the days passed by and the missing man was not found, much excitement ensued in the neighborhood; but no one appeared so amazed and grieved as St. John. He had two or three interviews with the police upon the subject, and issued bills with his name and city address, offering a large reward for tidings of the lost man or a solution of the case.

On his return to Sacramento, he closed the newly purchased home and was never known to remain in it afterwards for more than a day or two at a time. Several parties wished to rent it or purchase the estate, but he would never consent to the suggested transaction.

Nearly a score of years after the above period, a friend of Dr. Woodville's stopped a few days in Nevada, and after supper went for a moonlight stroll. He wandered to the end of a street, and came to a large home, apart from the others. The paint was rapidly leaving the wood; several dead oaks stood before it. It was enclosed with a strong fence, and looked solitary and lonely. He turned down the street by the corner of it and his dog, a great Dane, who had ran ahead and disappeared, suddenly bounded towards him with a white object in his mouth—an immense skull. He took the skull and wrapped it in a newspaper and wrote a humorous note, and sent it to Woodville.

Some time after this he received an epistle from Woodville with an account of the adventure at the theater—no names, however, being mentioned. Several years later he took his dog and made a trip to the place, a portion of the stone wall had fallen to ruin; the dog ran to a spot and stopped. In a dark corner, suspicious circumstances showed. The spot was delved and an entire skeleton was brought to light. The mammoth proportions proved the identiy of the skeleton. An inquest was held upon the remains and St. John's arrest command-

ed by warrant. He got tidings of the affair, sent his family to London and remained to settle up some business, then proceeded to Maine intending to depart on an ocean liner. But his arrest prevented his escape. Mrs. Johnston and Miss Johnston came to Carson City to St. John's trial and bore witness to the disagreement which had arisen between the co-trustees. Miss Johnston identified an opal ring found on the skeleton's finger as a gift to him. It appeared they had all along strongly suspected St. John of foul play. A double barreled derringer was found in the home hidden in a secret drawer in a clothes press, both cartridges empty; the box it came in was stamped with a local firm's name and the proprietor was able to testify that St. John purchased the weapon some three days previous to Marx's disappearance. A friend of the deceased testified at the proceedings how at Marx's instigation, he had made inquiries respecting the investments of property for the wards, and discovered fraudulent methods and appropriations; he knew the deceased had threatened prosecution; that at first he had suspicions against St. John when his friend disappeared but the demeanor of the prisoner at that time unarmed them. The scrutiny into the business affairs which poor Marx had so long ago contemplated, was now entered into with a view to determine whether the prisoner could have had any motive in suppressing it. By this means it was found by a course of fraudulent methods, he had defrauded his wards of some $10,000 annually, ever since the day of the "advantageous investment." Day by day, the evidence against the suspected man accumulated and gathered strength. At first his demeanor was tranquill and attentive, but as the evidence was presented, he lost hope and his nerve forsook him.

His guilt was proved beyond question and he was sentenced to be hanged for murder. He was confined in jail awaiting his execution.

One night a terrible thunder storm broke out, and at midnight the lightning struck the chimney over his cell. The prisoner started up from his sleep as the fury of the storm awoke him with the crash of thunder. To his frightened senses it seemed as if he heard two sharp reports of the pistol he had fired twenty-four years before, when he so cowardly assassinated Marx, and then from out the darkness of his cell, stared a great, white skull.

In despair he twisted a sheet, tied it to the grating of the window and looping the other end around his neck, stepped off of his cot, and the punishment of this world was averted.

♣ ♣ ♣

CYSTITIS—By H. SCHMIDT, M. D., Vandalia, Ill.

In the past ten years I have successfully used boric acid in cystitis of adults. In grown people the cystitis is generally due to an ammoniacal decomposition and boric acid will cure it. I give 10 grains every 3 hours. It can be dispensed in glycerine and water; enough glycerine to dissolve it and then add water, or can be given dry and washed down. I have never found it successful in children as there is generally no ammoniacal decomposition. I have found acetate of potassium very successful in cystitis of children. Sometimes I also wash the bladder of grown people for cystitis with 2 per cent solution boric acid, but generally get results without resorting to the latter procedure. Before giving treatment one should test for acidity.

NAN

By Gordon G. Burdick, M. D., Chicago, Illinois

(Continued from Page 76 February Recorder)

AMONG THE MAN KILLERS.

The events of the past few months began to worry me; as I was peaceable by nature and as I had no desire to be constantly in some serious brawl, I began to shape my future course in such a manner, as to take me away from the criminal and tough element of my practice, confining my work to the better people and refusing calls from the undesirable.

In this manner I had drifted along comfortably and was congratulating myself that henceforth my life would be free from violence. I had gone on with my plans for Aunt Mary's birthday party and it seemed that it was likely to be a great success.

I had gotten the Colonel a job as a whiskey taster in one of the blending shops found so many times in a dark hall, under some sidewalk. In these places they will take a barrel of alcohol, and various other chemicals and turn out a car-load of something that passes for whiskey. The old fellow was putting his whole heart and soul into planning for this Southern party and surely he had many original and virile ideas. I had succeeded in subsidizing as fine a quartette of colored musicians and singers as I have ever heard, and through the Colonel's Southern connections we had obtained the best the Southland afforded in the way of good things to eat.

The only fly in the ointment was his inability to get a "Jug Suah!" of "Mountain Dew," the moonshine whiskey that has made Kentucky famous. On this question I balked, and told him distinctly that moonshine whiskey might be all right in Kentucky, where the people were in sympathy with ideals of that kind, but moonshine whiskey in Chicago, means the "pen," if found in your place, I labored long and earnestly with him on the question, and thought I had succeeded in getting the idea out of his head. In this I was mistaken, and only by a run of good luck succeeded in saving a nasty situation.

A tip reached me from a government officer, who was under great obligations to me, that some moonshine whiskey had found its way to Chicago, and that somehow I was supposed to be connected with the deal. This worried me, as I well knew the United States courts were no joke, where the poor man was concerned, so I started to look up the Colonel and demand an explanation from him. In this I was unsuccessful, and at last went to his room, determined to wait until he returned. This proved to be a nerve-racking occupation, and after a time curiosity led me to look his place over carefully, hoping against hope that I might find the contraband goods. In this I was successful, as the jug was tied by a string to a clothes-hook, and was carefully draped with his best suit of clothes. I quickly took the jug and poured its contents down the wash-basin and filling it with water carefully replaced it in its former position, and retired well satisfied with my evening's work. I had been very careful not to mutilate the work or seal, so as to raise no suspicions that

the jug had been tampered with.

I had gotten nicely asleep when I was aroused by the telephone bell. It was from the landlord of the rooming house where the Colonel lived and he had been requested to tell me that the old gentleman had been "pinched. I thanked him and went back to bed, serene in the knowledge that for once I had pulled off a good joke on the government officers, and I knew it was impossible to bail the old man out before he had his hearing before the commissioner on the morrow.

I was there early, represented by as shrewed a legal wolf as could be found in the city. To him I told the whole story, and he chuckled when he realized that he had the ammunition that would confound his opponents.

The Colonel plead not guilty, and demanded an immediate trial, something the government attorneys fought long and hard to prevent, and after several hours wasted in wrangling the best they could get was a week to "prepare" their case. A motion to impound the evidence was granted, and the Colonel was admitted to five-thousand dollar bail.

The Colonel

In the meantime I was concious that I was being followed night and day, but didn't realize that the people's money was being used for this purpose. I naturally believed that it had some reference to the events that had taken place before, yet the most careful inquiry failed to locate any special movement to get me, so I was compelled to place a special detective to watching my watchers, in order to find out just who they were and why they stuck so close to me at all times.

He found that they were special officers of the government, so I felt highly flattered to think that I had so distinguished an escort, with no expense to me. Just why I should have been considered so important in a moonshine whiskey case, passed my understanding, as it must have been evident to them that I did not drink it, yet I was never free from espionage, until the case came up in court, where it was dismissed when the nature of the evidence was found, even the commissioner commenting that there was no law to prevent a man from keeping water in a jug in his room, if he wanted to do it.

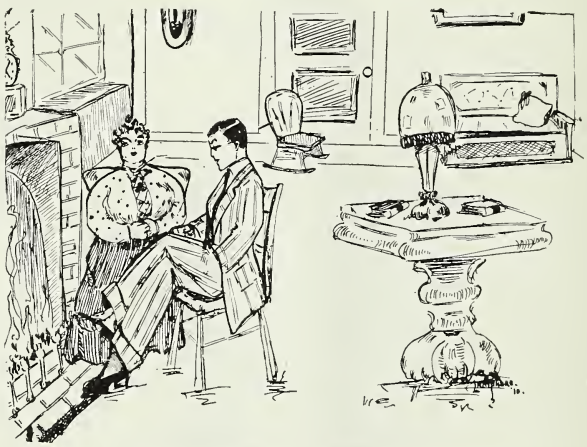
The officers were very much chagrined at the turn of affairs, and they knew a trick had been turned, but did not know just how it had been done, and for several years the Colonel and I were honored by an occasional investigation.

About this time an incident happened that had profound effect upon my after life. I was visited one evening by my boot-black, who, with tears in his eyes, asked me to go and see his wife. It seems she had been suffering for two days, and her doctors had not found out what the matter was, neither could they relieve her of her pain. The place where he lived had an evil reputation, and my first impulse was to refuse to go, but I realized that he was very much in earnest and possibly something was wrong, and besides did you ever stop to realize just why you will do so much for a boot-black or other servant that you will not

do for anyone else. To refuse to do a favor for a servant takes a very strong character.

The delicate compliment they pay, by choosing you, when they know you so well, is inestimable, so I started out to see what I could do to help him in his trouble. I found his wife suffering from biliary colic, and found it was necessary to chloroform her, in order to relax her muscular system enough to allow anodyne to work, and had given her morphine to carry her over until the next day when it was expected that we would operate.

Suddenly an alteration started in the adjoining room, with a terrific amount of racket and I stepped to the door and commanded silence. At this, a large colored woman faced about with a look of fury on her face and regarded me with tigeress ferocity. I recognized her as Bessy Moore, the man killer. She had a record of eight men, she had killed and had been sent to the pen three times for murder, only to be pardoned or paroled by the political shysters and idiotic philanthropists who composed the Board. I knew I was in for trouble and while I was not worried, I dreaded the notoriety of an attack in this place. She regarded me for a few minutes and it was plain to be seen that she was under the influence of liquor. A quick movement (one I had seen before) raised her skirt and a long murderous razor was pulled out of her stocking. She flourished this in the air and crouching like a cat at bay, began to advance one step at a time towards me, each one carefully calculated. I was alarmed but undaunted, and stooping quickly, I gathered the bed blankets up, and used them as a shield over my left arm, while I grabbed the large water pitcher with my right hand; I sprang towards her bringing the heavy crockery down on her head with a resounding crash. She fell like a log, yet I was so fearful of treachery that I thought it necessary to give her the peculiar trick of the underworld, so necessary with a drunken and dangerous opponent. This is done by running one foot under the arm of the fallen foe, and using this as a fulcrum, the other foot is placed on the arm about six inches away and the weight placed upon it. The procedure is used so skillfully by many denizens of the underworld that they can cripple an opponent all the way from a week to a month as may be desired.



We sat and discussed all phases of the subject

After I had made sure that she was "safe," I began to examine the injury I had inflicted, and to my astonishment found only a large cut down to the skull, while the latter had by some marvel escaped injury. The force of the blow had made her unconscious, so I began to repair such damages as she had sustained, and had almost completed my task, when she came to her feet as if raised by some invisible power. She stared for a minute blankly at her surroundings until her eyes fell upon me, when with almost incredible quickness

she dived into her stocking again, but found herself unable to grasp the knife she had hidden there. She tried the other hand and having no better success gazed at them outstretched before her eyes in astonishment. As she realized her helplessness a demoniac fury seized her and lowering her head she charged at me like a goat. This procedure was repeated several times as I shifted my position each time. She was becoming more terrible in her anger and endeavored to bite, and kick, only to be aggravated more and more by my "grin," until she was in a furious rage, and charged at me like a catapult. This time I side-stepped allowing her to go headlong down the stairs.

This put a stop to the rumpus, and when she was carried up stairs I knew it would be many months before she would be in shape to damage anyone, and in the meantime I felt I could put into life some of the indictments that would effectually put her where she would be harmless for a long time to come. Having made both my patients comfortable, I left the place with a heavy heart. I felt that Providence was not kind to me, to place me among these wild beasts, and I made up my mind then and there that it was my last trip among them. I could not understand just why it was my misfortune to be placed among these people. I had never done anything vicious in my life, and desired nothing so much as to get along with my neighbors in peace, yet here I was placed in such an environment that I was in a public brawl every few weeks in spite of myself. I became so blue and morbid on my way home that hardly without realiizng where I was I brought up before Aunt Mary's door, and equally unconscious of the time, had given my special ring on the door bell. Aunty stuck her head out of the window, and asked me what was the matter. I told her I wanted to talk, so she came down in her wrapper and we both sat down before the grate fire to talk things over. Our misunderstanding had all passed away, so she knew that something was troubling me , and sat silent as I gazed moodily into the fire. At last I aroused myself sufficiently to ask Aunt Mary why I was always in trouble, even when I try hardest to keep out?

"My poor boy." she said soothingly, "you are not to blame. It is the people you live among. Why don't you get away from them? A saint must fight or get killed in this frightful community. I have been so fearful of your getting killed that I have lain awake nights when I knew you were out. Life is too short to spend it among the dregs of humanity."

"What you said, Aunt Mary, is only too true. Still, look at the wonderful experience I am getting among them in a medical way."

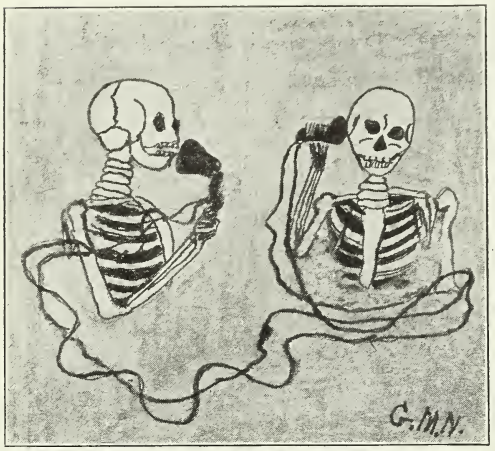
"Experience, fiddlesticks!" sniffed Auntie. "What good is that going to do you if some degenerate kills you before you can put it to any useful purpose. Every time you save a life here, or prolong one, you are a bad citizen. These people are like some of the Indians, the only good ones are dead ones. This community should be treated like they do small-pox, by quarantine, and disinfection, or extermination. It is a source of danger to all pure people; a contagious moral disease that is insidious in its onset. It robs us of our ideal, lowers our self respect and sooner or later inoculates us with its pestilential poison."

This coming from Aunt Mary, who was intensely religious in her mental make up, surprised me and set me to thinking along wholly different lines. We sat and discussed all phases of the subject, from all angles and concluded that the only right course for right minded people was to change our environment, and I was delegated as a

(Continued on page 122)

THE SKELETON PAPERS

By Grace M. Norris, M. D., South Columbia, New York.



SYNOPSIS.

The supposition is that the parents of two skeletons, neighbors of the same town, migrated during the childhood of the latter, one family to the western part of the continent and the other to the eastern. Both reached their majority and became disciples of Aesculapius, and after years of devotion to the art of Hippocrates, on their demise were interred in the local cemetery of their native village. Their tombs being connected with a telephone line enables them to engage in conversations on various practical subjects. The first paper reported, in The Recorder for November, December and January, a conversation they had on the meeting of the International Medical Congress at Budapest. The second paper, in the February and March numbers, discusses a problem which has been carefully considered.

II—A FEW DIFFICULTIES WHICH CONFRONT THE DOCTOR IN A LARGE CITY.

F. S.: And think of the army of factory workers of all kinds, where wages scarcely keep life in their bodies.

S. S.: The situation becomes more deplorable.

F. S.: There are thousands of laborers in the steel mills of South Chicago who work for 90 cents a day.

S. S.: Do they support families and pay rent out of this paltry sum?

F. S.: They have no other means.

S. S.: How about the condition of the workers in the Chicago stock yards?

F. S.: It is estimated that there are 20,000 persons whose average wage is not $5.00 a week, taken the year around.

S. S.: It is no wonder that you and other doctors there, found it difficult to live, to collect your bills, get pay for your services and maintain your families.

F. S.: Yes, under the present conditions and with the small amount of compensation physicians receive, they cannot afford to give the service that each case requires.

S. S.: Physicians are supposed, are they not, to make no distinction in service to rich or poor?

F. S.: There is a distinction, however.

S. S.: Yes, for no physician is willing to give the same amount of time to the patient unable to pay as he is to one that will pay.

F. S.: This is a great injustice to the poor patient, for which the physician is not responsible.

S. S.: Yes, but the patient has no means.

F. S.: This is the difficulty. For the physician is up against such hard and cold propositions as landlords, tailors, butchers and bakers, books, medical supplies and instruments.

S. S.: Yes, and in order to get these he must get the money out of the people, and he naturally gives the best service to those who can afford to pay.

F. S.: Exactly. As much as a man would like to be a philanthropist, he finds he cannot do it.

S. S.: For the reason the combination you have just mentioned won't let him.

F. S.: Then again, you see his success as a physician is not as great among the poverty stricken inhabitants of a great city.

S. S.: Of course, it could not be, as among those who are better off and able to pay.

F. S.: These poor are badly housed,

overworked, underfed, weakened by disease, and do not respond to treatment.

S. S.: No, drugs alone cannot help them.

F. S.: They need sunshine, fresh air, good food and better sanitary conditions generally, in order to show improvement, even when skillful remedies are applied.

S. S.: Yes, thousands of people today, who are tired all the time, are victims of tuberculosis, as yet not recognized, but there all the same.

F. S.: As long as people live in filthy tenements and still more filthy lodging houses, reeking with vermin, the physician will find his efforts to cure, constantly nullified by the environments.

S. S.: Yes, because you speak from experience.

F. S.: Exactly. I have seen four families living, eating, breathing in a single room, the only privacy being a blanket or quilt hung so as to mask the boundary of the space allotted to each family.

S. S.: These conditions are shocking.

F. S.: Yes, and I have seen girls by the thousands working in the sweat shops of Chicago, who were paid from 35 to 40 cents a week.

S. S.: This seems impossible.

F. S.: I have seen little children two years old taught to take out basting threads, working as long hours as their parents.

S. S.: Are these not isolated instances of poverty?

F. S.: No, indeed, you will find whole districts who live this way.

S. S.: The conditions are deplorable.

F. S.: On one 320 acres of the West Side alone are housed over 50,000 people, and how much success can a physician and how much money can he get out of such people, who live in this way?

S. S.: None, scarcely any from the apparent conditions of these families.

F. S.: And yet these people are workers, are industrious, in fact, too industrious.

S. S.: Is it not often charged that they are lazy, or that poverty is the result of their own folly?

F. S.: Possibly, by those who do not understand the true conditions.

S. S.: Do they remain sober and not frequent the saloon?

F. S.: It is only the unthinking who say to the contrary.

S. S.: Is it not this same class of humanity who crowd for medical treatment and cause the talk of dispensery evil?

F. S.: Yes, but they cannot pay for the medical services because they have not the money. Even the few cents extracted from them for drugs, had better be returned.

S. S.: It seems too much like getting blood out of a turnip to take even a penny from people who are so poor.

F. S.: Exactly. This quarter of the city sends, 20,000 children to school hungry every day.

S. S.: Then a square meal is a rarity?

F. S.: Yes, and if these people are so poor that the children must go hungry to school, is it any wonder that they cannot employ and pay physicians?

S. S.: No, and I presume when you are consulted by these people you know that drugs are useless?

F. S.: Certainly! What is needed is climate, sunny air, out-of-door life, and changed conditions generally.

S. S.: And I presume that if they were rich, you would send them where the climate and other health giving attributes were in abundance.

F. S.: Exactly, for a change of climate, however, to this class of people is as impossible as a trip to Europe with a flying machine.

S. S.: Then they must keep on working for the paltry pay that barely keeps body and soul together until they die?

F. S.: Yes, and the physicians must keep on doctoring them for the miser-

able pittance they can afford to pay until the end.

S. S.: What can you do in these cases except resign yourself to the inevitable?

F. S.: Nothing, I fear. They are too poor to pay.

S. S.: Then you must attend them or be forever at war with your conscience.

F. S.: That is the view of the situation, and is it any wonder the physicians attempting to do business in these parts of the city, are almost as poor as the people?

S. S.: Certainly! The question comes, why don't they get away and locate where the surroundings are more congenial?

F. S.: Many of them stay from a sense of duty, willing to sacrifice themselves that they may do good.

S. S.: Are there not other locations more desirable?

F. S.: No matter where they go in Chicago, they find the neighborhood already overcrowded with doctors.

S. S.: Then from the profit point of view the profession is overcrowded?

F. S.: Exactly, but from the point of view of the actual need of the common people there are not half enough physicians to intelligently and faithfully take care of the sick.

S. S.: I see the point.

F. S.: Can the coal miner out of the princely sum of 80 cents a day, feed, clothe and educate his family, and have money to pay a doctor's bill?

S. S.: Certainly not.

F. S.: I could enumerate the wage scale of other occupations by the hundreds.

S. S.: I presume they also, would be all below a living wage?

F. S.: Yes, how can any working man, employment uncertain, earning only $15 a week, perhaps less, with or without a family, pay a decent professional fee?

S. S.: It is a difficult proposition to consider.

F. S.: The poor and unfortunate require as skilled professional treatment as those of wealth and in independent circumstances.

S. S.: Not many men of my acquaintance receive a salary of $20 a week.

F. S.: And how many of those who get hospital treatment, average a salary of more than $10 or $12.

S. S.: Yes, in order to pay a doctor a decent fee, a man should get $40 to $60 per week.

F. S.: Physicians have too long considered themselves a superior class. They have not thought of themselves as workers.

S. S.: Yes, and in case of a strike we find them helping out the employers class.

F. S.: Certainly, they do not seem to understand that the more money a worker can get from the grasp of monopoly, the more prosperous they themselves will be.

S. S.: Like other professional men, they are slow to advocate social reform.

F. S.: Yes, lawyers, doctors and preachers are nearly solidly arrayed on the side of the rich and powerful.

S. S.: And yet there is no class of men that could profit more by a better system than physicians.

F. S.: Yes, and the real wealthy men of the United States number only 2000: these only, the number that can afford to pay a physician well.

S. S.: Hence there are but a few well paid doctors?

F. S.: Yes, if there is only one rich man in a community there is apt to be only one well paid doctor.

S. S.: Then the rest of them are doing business among a class of people that can only pay beggarly fees?

F. S.: That is the way the situation stands.

S. S.: Then instead of our profession-

al colleagues, aiding with their influence the Fields, Rockefellers, and other colossal robbers of the people, why not take up the cause of the worker?

F. S.: Yes, the real producer, the man who feeds and clothes us; the man from whom we draw our sustenance, the only creator of wealth.

S. S.: His part should be taken. Let them help him to get decent compensation for his labor.

F. S.: Let him have all that he produces.

S. S.: Certainly, it is of no interest to one to know that $100,000,000 of American money is spent yearly in Europe by the idle millionaire class.

F. S.: No, except were that money kept at home, and distributed among the workers, that missing 50 per cent would come to the doctor, enabling the physician to pay his debts, to educate his children, and keep up with all that is new in the profession.

S. S.: Yes, the worker, the man who supports the physician is robbed.

F. S.: And in return he robs the physician, has to in order that the men who do not work and rob him may enjoy the luxuries of life.

S. S.: Yes, so they and their families may travel through Europe and see the world at the expense of the doctor, while the physician is continually worried over the prospect of food and rent.

F. S.: There are over 150,000 physicians in America.

S. S.: Think of what an army all those men would be were they to marshall themselves and present a solid front for great reform.

F. S.: Yes, these are the vital questions to the physician.

S. S.: They answer the question why he is poor.

F. S.: They show the doctor also how he can help himself by assisting the worker to get the rich man off his back.

S. S.: The interests of the physician are with the man who toils.

F. S.: Yes, and in throwing their influence agains him, they are simply impoverishing themselves.

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NAN.

(Continued from page 117

committee of one to select a new location for her family and mine.

So interested had we become while planning for the future, that we didn't realize how late it was getting until Nan came bounding down the stairs with a cheery good morning, with a kiss for Aunt Mary and a hug for me. Her bright chatter dispelled the gloom that had gathered around us, and the three of us adjourned to the kitchen to start breakfast, which meal was the first for many months that we had all enjoyed together.

When I left Aunt Mary's I felt that a heavy load had been lifted off my shoulders, and I began looking the town over carefully, for some place that would allow me to locate among decent people for the rest of my natural life and take me away from the turmoil of crime and politics.

In this I was successful (as I thought at the time) as I moved my office into a large apartment building which at that time was occupied by a high class of tenants, while Aunt Mary was moved into a house in the neighborhood, that while modest in size, was still well within her means.

I adopted the simple expedient of moving away and not telling either the neighbors or my patients where I had gone, and so effectual was the method that many of them did not find me for years.

The leisure that was given me while building up a new clientele was utilized in broadening out my practical experience by devoting my time to clinics and hospitals, and thereby laying the foundation of my future success.

(To be continued.)

DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

WHO KNOWS BEST?

In the August issue of The Wisconsin Medical Recorder the editor took occasion to criticise a circular issued by the N. A. R. D., relative to the instructions offered by that body to the doctor as to what he should, or should not, employ as remedial agents. This criticism, under the circumstances, was extremely mild, and instead of making an attack upon that organization, it offered suggestions, which if followed, might bring harmony out of the existing discord, but it seems from a communication from Mr. Otto E. Bruder, Director of the U. S. P. and N. F. Propaganda, that the N. A. R. D. is not looking for anything, harmonious in character. In the propaganda in favor of the U. S. P. and N. F. it would seem that the N. A. R. D. is making every endeavor to put the manufacturing houses out of existence, be as it may, that they are, or are not, ethical in their relations to the doctor. The N. A. R. D. says that the doctor must employ only such remedial agents as are recommended in these two books of recipes and makes no allowance for the reliability of any substance that may be of value outside the pages of these publications. It is a well known fact that the N. F. is filled with "just as good" and "actually the same" formulas as substitutes for absolutely non-secret proprietaries which have been placed on the market, by the manufacturers in an absolutely ethical manner. Why is the N. F. looked upon as a valuable volume by the retailer? Simply because it enables him to manufacture substitutes of many of the proprietaries for less money than such goods, not of counterfeit origin, would cost him. The popularity of the N. F. is based wholly upon the dollar and cent basis, to a very considerable extent.

I would ask Mr. Bruder from what source we are to derive the U. S. P. and N. F. products the N. A. R. D. would have us employ. Are we to depend upon the retail druggist to manufacture and furnish such goods, and if so, are we to be assured that we may always be furnished with goods that are of absolute and unvarying standard? I would ask him if the average retailer is in a position, even though he be an expert pharmacist, to make standard goods, or if his means enable him to properly equip himself? Does Mr. Bruder realize that many of the crude drugs brought into the market are adulterated and that finished products, made from such crude materials are liable to be very much below standard, unless the maker is in a position to first assay his crude material and then make a further assay of his finished product? It has been admitted within the past year, by the customs authorities that many importations of crude drugs come into this country carrying all sorts of foreign material and that olive seeds are imported with the fixed purpose of employing them in adulterating ground drugs. If such is the case, and we have every reason to believe that it is, how are we to be furnished with standard finished products made from such crude materials, unless the manufacturer has a well-equipped laboratory and is skilled in analytic work? These are questions which Mr .Bruder ignores, but which are of vital importance to the doctor.

Mr. Bruder cites the elixir of glycerophosphates, N. F., as an "original"

formula, but how many times has it been substituted for goods of the same sort manufactured by certain houses? I do not know of a single manufacturing pharmacist claiming any proprietary interest in an elixir of this sort, so why all this furore regarding such a product from a legitimate manufacturer. I have followed the literature of such houses closely regarding the therapeutics of this product and have seen nothing claiming more than is cited by Mr. Bruder.

I admit that there are many proprietaries on the market which are not all that may be claimed for them and that it would be much better for all concerned, were they wiped out of existence, but because one man may commit a crime, is no reason why all the rest of the population should be punished therefor, and the thinking and reasoning doctor is as able to judge regarding the merits of such products as is the N. A. R. D. While many products of this sort may be without merit, there are many which are good and worthy of consideration and there should not be a wholesale destruction of the proprietary business. I have been a traveler for both pharmaceutical and chemical houses and in consequence am acquainted with many of the inside secrets of the retail drug trade. I know absolutely, that not only one, but many retailers are prone to stock substitutes for many of the proprietaries and to employ them in filling the prescriptions of the doctor for the simple reason that a greater profit resulted. At one time I was selling potassium iodid of superior quality at $2.10 the pound and a leading druggist in one of the larger cities refused to buy of me, saying that he could obtain an equally good product at $1.90. He bought the latter, in granulated form and found that it contained about 25 per cent of the bromid salt which was selling around 30 cents a pound at the time. He was a conscientious pharmacist, and upon making this discovery refused to use more of this inferior product, but other druggists, some of them members of the N. A. R. D., continued using this product, in spite of the fact that they were shown that it was inferior and adulterated. This is only one instance of the duplicity of the retailer. I could cite many others, equally bad. I am not, however, judging all of the members of the N. A. R. D. by the misdeeds of a comparative few, but simply call attention to what sometimes happens and to emphasize the fact that the doctor is not always sure that he is getting exactly what he has written for.

As regards the manufacturers giving fancy names to nostrums, I would ask Mr. Bruder if the same has not been true of some of the proprietaries of the retailers. Is there a retail druggist who has not and does not market anywhere from one to hundreds of proprietaries, with all sorts of claims as to virtues. How about the non-secrets which the druggist says to a customer that he "has something better" than the particular article called for, saying farther that he "knew it was, as he made it himself?" I have, and this has not applied alone to "patents" but to pharmaceuticals used in the filling of prescriptions.

Mr. Bruder says that nuclein and lecithin are found in foodstuffs, and nobody denies this for an instant, but I would ask him if these are always in such form as to be assimilated, or if, owing to certain pathologic conditions, the economy is in the proper state to segregate and take them up? Does the average druggist, unless he happens to be a graduate in medicine, understand physiology and pathology sufficiently to offer an opinion as to whether these two substances are active or inactive? Does Mr. Bruder, or any other pharmacist have the right to venture an opinion on something which he has not applied in a practical manner himself. He ad-

mits that both lecithin and nuclein are active when in their natural forms in foods, but will not admit that they are equally active, when isolated in their simplest forms. Does he recognize the fact that both are normal to the human economy in health and that they are, in their isolated forms, indicated in pathologic states, when they are absent or decreased in quantity? Has he seen the rapid reactions obtained from hypodermic applications of nuclein, and the marked improvement following such medication? Has he seen nuclein given in conjunction with tonics and noted that the latter were more active than when administered without such synergist? I noted good effects in both instances and my observations have been of a clinical nature, contending with sick people and not from laboratory experiments upon well animals. I beg to differ with Mr. Bruder when he calls either of these products nostrums. There is absolutely nothing proprietary about either and any manufacturer is at liberty to isolate them, and were it not for the incidental expense in so doing, I doubt very much but that we might not see every pharmacist in the country isolating them.

Mr. Bruder says that one of the provinces of the N. A. R. D. is to teach therapeutics to the doctor, and that it is no disgrace for the doctor to be weak in this branch of his profession. He says that the doctors seek such information, because of their lack of proper education in the medical school. Admitting both to be true, if the doctor has not received the proper education, the school was negligent, and if he has not subsequently acquired this information, through study and practical application of therapeutic agents, he is negligent, and negligence of this sort borders on the criminal, and is a rank disgrace, both to the school and the profession. Such argument is largely "bosh." I will admit that there are men in the medical profession who are too lazy to study out these questions themselves, and who are continually going to the druggist for information, but as a rule, such men are not only weak in therapeutics, but in every other branch of medicine. The N. A. R. D., with its post graduate (?) course in therapeutics is undoubtedly a good thing for the man who is weak, but the man who studies his cases, recognizes all symptoms and conditions and who understands the application of the proper remedies at the proper time and who has gained such information through study and observation, does not feel called upon to ask any help from either the N. A. R. D. or any individual member thereof. He knows what he is doing at all times and not infrequently, is in a position to give, rather than ask, information.

The N. A. R. D. would fight "the dark age relic of secrecy in medicine" but at the same time it will continue fostering the "patent medicine" industry, and will even put out "patents" of its own and sell them to all comers. It is said that the N. A. R. D. is going to the extent of financing a concern for the manufacture of "patents" of its own and not only will there be war waged against the ethical houses, but that the "patent medicine man" will "get his" at the same time. If this patent medicine idea is profitable it will undoubtedly follow that the N. A. R. D. will likewise finance an "ethical" plant, for there is undoubtedly profit in the manufacture of ethical products, be they made according to the recipes in the U. S. P. or N. F., or, as Mr. Bruder calls them, "nostrums." If a plant of the latter character were financed by the N. A. R. D., I wonder how long it would be until it dropped into the "nostrum habit."

Every endeavor has been made by the N. A. R. D. to drive the dispensing doctor out of business, and this "get together idea" is the latest attempt of

this sort to be made. The N. A. R. D. would force every doctor in the country to write prescriptions for every agent needed, and this is the purely commercial side of the question, in spite of the fact that it is clothed in the raiment of science. The U. S. P. and N. F. propaganda is only a move toward this end, and nothing else. They would also drive those manufacturers who supply dispensers, out of business. At the last session of Congress a Bill was introduced, which if passed, would have rendered the dispensing doctor unable to obtain necessary supplies. It was introduced as the idea of one man, but it was plain to be seen that it was fostered by the retail druggist. It failed of passage. There is now a bill of similar character pending before the House, and which is not as drastic, and which allows manufacturers and handlers of certain tabooed agents to make shipments to doctors under certain restrictions. This bill is undoubtedly fostered by the N. A. R. D., assisted by a certain few doctors who overlook their own interests that they may obtain favor from the druggist.

I do not want it understood that I consider all druggists unworthy, or that the N. A. R. D. is all bad. There are many reputable pharmacists, and I am happy to say that they are in the majority, but the fewer bad ones profit by these moves. The N. A. R. D., in the main, is a good organization, but it should stay out of politics. It has a province of its own, as has the A. M. A. or any other medical organization, and it should stay within bounds, as should the medical organizations. I am willing to admit that the N. A. R. D. can be of great assistance in overcoming many of the present evils, both within its own borders and also in the profession of medicine, but it should not endeavor to dictate to the thinking doctor, advising him what he must, and must not employ, as remedial agents. If the doctor accepts, and follows, such advice, he becomes an automaton, the mouthpiece, of his servants, rather than the master of their destiny, as in the natural order of things, the druggist is the servant to the doctor, and so will remain for all time.

Let the N. A. R. D. see that its members have what is required by the doctor, but let the latter be the judge as to the application of his remedies and of the efficacy thereof. The province of the druggist is to carry the best obtainable supplies, fill the orders of the physician scrupulously, and without substitution or suggestion as to the activity of the article desired. In dealing with the sick, the entire responsibility rests with the doctor, where it should, naturally, and aside from following the doctor's instructions, the druggist should have no interest, whatsoever, in the matter.

If the doctor is obliged to depend upon any organization to instruct him as to what he must, or must not, do, he is unworthy of a place in the medical profession, as he has not the necessary adjunct to success, brains.

GEORGE L. SERVOSS, M. D.
Fairview, Nevada.

THE PHYSICIAN'S VIEW.

The reading of Brother Bruder's retort to your editorial in the August number leads me to join the discussion.

Brother Bruder says: "College professors, teachers of materia medica and therapeutics in medical schools have asked for help from the N. A. R. D. and it has been given gladly and freely and best of all, it has done much good as the recipients all gladly testify."

Neither of you has taken the pains to analyze the "physiologic action" of the active proteid poisons of plant life used in medicine. The simplest drug of the pharmacopea is aconite, amorphous ac-

onitine already tested and proved a therapeutic application, because it is given in fever conditions when an affinitive congener, in the form of a toxin is disturbing the mental, moral, and physical entities of the patient. Proper therapeutics aims not at watching the approach of poisonous symptoms from overdoses of uncertain preparations of aconite, but the pleasant task of observing the better tone of the heart and circulation, from the neutralization of the disturbing toxin.

Brother Bruder and his college professor students classify aconitine amorphous as a circulatory depressant. Therapeutically, never! On the contrary, it is a tonic to the circulatory system and all the cells. Better therapeutists than they are, claim that the therapeutic action of aconitine and veratrine is identical. Nothing else is farther from the truth.

Both nuclein and lecithin are available forms of two of life's most important needs. The former I have used clinically, since 1896, in tuberculosis, diphtheria and the closure of the inguinal canal in recent cases. Aulde's nuclein was the medicament used. (See Aulde blush!) This nuclein is from the animal source; but there are others truly; the council of chemistry and pharmacy of the A. M. A. has been camping on the trail of one of the other manufacturers of nuclein, lately and divulged something unpleasant for the latter. Nature has abundantly supplied animal and plant life with both, but not in an available form for sick people.

Brother Bruder, do you not know that the isolated principle, even given by the stomach route is available to the fairly active immunizing faculty of fresh, infection cases, when the debilitated patient will find it not available? Besides, the better the digestive ferments of the patient are, the more responsive the therapeutic application. Like the proteid food ingested, the poisonous proteids used as medicine by the stomach route, are converted into amino-acids. The ability of the digestive ferments to convert the food, as well as the medical proteid principles, into normal protein, determines the proper status of both in the human economy.

A sick stomach will not provide normal protein; neither will it isolate nuclein from eggs, legumes or any of its other sources. Hence the necessity of supplying these, free from natural entanglements. The immunizing faculty of the body (the thyroid, the adrenals and scavenger leucocytes, governed by the pituitary bodies and the innate power of groups of cells to create emergency enzymes,) in the gravely sick is in abeyance till recovery from the toxic systemic state partially ensues. Therefore with a sick stomach and an exhausted immunizing faculty, matters assume a very different aspect to the practically scientific doctor.

It is not "what is good for the child's measles?" But what is he to do with this anomalous condition of the child? Well, "while there is life, there is hope." First clean out the colon and rectum of their contents; next, tentatively neutralize the toxins in the walls of the alimentary canal, while at the deed, the ferments are supplied with normal pabulum for reconstruction of fairly good enzymes and ferments. With these we may expect to begin the neutralization of the systemic toxins with properly worked up neutralizing congeners. Parenthetically, it may be said that the enzymes, ferments, animal toxins and the proteid poisonous principles of plants, including bacteria, are closely related biochemically. Toxin pabulum is stored up in the animal body as the result of bad metabolism; the proper unphysiologic environment converts it into toxins. Some alkaloids of the higher plant life have an existence in the plant, sometimes for two months, others for a less time when they disappear. Some are

virulent poisons in the fresh state, but on drying, is a therapeutic entity, instance leptandra.

Why are Brother Bruder and the medical school professors so uncertain as to their therapeutic ground? Same reason that we are all uncertain. Our therapeutic authors have made a terrible jumble of the whole business—Bruder included. We do not seem to know that the two preceding generations of doctors were great observers and therapeutists. They handed down to us the "physiologic action" of many useful medicines. The duty of analyzing their dicta in this matter is pushing hard on our lazy gait. The logical analysis would transform the jumble into an enticing topical series for pleasant research.

The dark age relic of the secrecy of medicine was hardly ever so applicable as at present. Commercial dominance of scientific societies—including the N. A. R. D. is the dominant factor in this dark ages mummery. Professional jealousy is the second obstacle to scientific progress. The pharmacopea just about to be revised will not contain any drug which has been worked out by the eclectics. The homeopaths, although, lacking independent thought on many medicines, taught us the utility of minimum doses. We have discovered that the dilution of the administered medical principle should be quite similar to the dilution of the toxin it is given to neutralize. This and many other important observations are out of range of the prescribers of the A. D. S. preparations. The latter organization is just about as consistent as The Journal A. M. A. devises for the new pharmacopea. They ought to get together, in a commercial way, and get "the great ethical house" to put up the dope.

I happen to know more about the N. A. R. D. than the average doctor, having received their literature for several years—1900 to 1905. I will tell facts if I must, with regard to the N. A. R. D. purpose.

JAMES BURKE, M. D.

Grimms, Wis.

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THE N. A. R. D. PROPAGANDA.

The propaganda of the N. A. R. D. is of interest to every practitioner in that it aims to limit the prescribing of medicines by the practitioner to the preparations of the pharmacopeia and the national formulary. While there are many important and useful preparations contained in these publications, they do not contain all the important remedies and do contain some that are obsolete and useless. The attempt to restrict to these alone is doomed to failure for as physicians, we must use that drug or remedy which we think best suited to our patient's condition irrespective of its source.

The basic principle of this propaganda is the laudable attack on the proprietory evil and along this line there can be no hesitation on the part of the medical profession to give their undivided support. But when the N. A. R. D. goes a step further and asks us to prescribe the N. F. imitations of some well-known proprietaries, they disclose the colored gentleman so painstakingly hidden—and it is to laugh.

It is true to some extent that materia medica receives scant mention in the colleges of this country but the cure is in the hands of physicians and they are succeeding—not by prescribing the preparations of poly-pharmcay as proposed by the N. A. R. D. but along scientific lines in the development of active principle therapy.

In the January issue of The Recorder appears a remarkable answer to a criticism by the editor of N. A. R. D. policies. The author ingenuously acknowledges the soft impeachment that the druggist is teaching the doctor his little

knowledge of materia medica, and claims that it is the ignorance of the doctor that forces the druggist into this anomalous situation. The druggist's knowledge of physiological processes is no doubt obtained in the grind of his mortar and pestle and equals his assurance in counter-prescribing for all manner of ailments. The druggist has advanced from the comparatively lowly position of "compounder of doctors' prescriptions" to that of dispenser of medical knowledge to ignorant doctors. The physician has brought this charge on himself by his haphazard careless thoughtless habit of prescribing promiscuous proprietaries on the advice of interested manufacturers. No wonder that the druggist assumes ignorance on the part of the physician of his materia medica but his farther assumption that we should look to him to lead us into light is as ridiculous as it is absurd. The real knowledge we should gain would be as small as the financial returns to the druggist could be great.

The relations between the doctor and the druggist should be harmonious but harmony will not result through any dictatorial policy on the part of the N. A. R. D.

The author in his answer displays an amazing lack of knowledge of medical practice. We, as physicians, deal with pathological conditions and prescribe our remedies to fit these conditions. In a state of health, the organism may be able to manufacture and assimilate all the elements required to maintain health and fail utterly to replace waste in pathological states. This is an elementary truth not properly appreciated by the author. Nuclein and lecithin may be formed abundantly in a normal state from compounds existing in the body; they frequently are not formed in sufficient amount when some pathological condition exists.

I have used nuclein in many conditions and found it of decided value. Its demonstrable action is to increase leucocytosis and it invariably does so in greater or less amount according to the disease from which the patient suffers. By increasing leucocytosis, we increase phagocytic action. Cell action and cell repair may become so hindered by the presence of morbid products, toxins, that the recuperative power of the organism is completely abolished. Here nuclein stimulates cell activity and phagocytosis, and normal repair occurs. It is unnecessary to state here the numerous instances where nuclein has been of advantage in the treatment of disease. The point is this, nuclein may be necessary in a given case to turn the scale toward health when the body processes do not manufacture it in sufficient quantities and it is then of inestimable value.

Lecithin may be contained in four times the usual dose in the yolk of the egg and yet not be assimilable in diseased states in that form. Lecithin is a phosphorus compound and "is a most excellent preparation wherewith to furnish phosphorus to the system." The same argument that applies to elixir glycero-phosphates N. F. should apply to lecithin with all the advantage in favor of lecithin. It is much more assimilable than the glycerophosphates in weakened states because it contains phosphorus in true organic combination. In the yolk of the egg it is combined with albuminoids and must be separated from these before it is properly assimilated. The great delight shown, according to Mr. Bruder, by physicians when the fact that the yolk of egg contained lecithin was brought to their attention by the N. A. R. D. must have been called forth by the medical acumen of our druggist friends. Lecithin is no doubt contained in the yolk of egg but is not available as such when the digestion is below par. Medicinally, lecithin of live animal tissue is a different thing from that of yolk of egg.

The argument as applied by Mr. Bruder and referring to the ability of the animal organism to form sufficient lecithin from other compounds existing in the body and to utilize that introduced in the food, applies equally well to the assimilation by the organism of the iron-content of the food. There is sufficient iron contained in the dietary of the chlorotic girl to meet the need of her organism and yet it is a well known fact that the organism does not assimilate it and we prescribe iron and with good results.

If phosphorus as contained in lecithin is not available, by what manner of reasoning does Mr. Bruder, make the phosphorus of elixer glycero-phosphates N. F. so much to be preferred. If the need of the animal economy as regards phosphorus is met by the ability of the economy to form a phosphorus-bearing compound, why is it necessary to prescribe elixir glycero-phosphates N. F.?

So when Mr. Bruder starts out to teach physicians how to practice medicine and shows such lamentable ignorance of the principles of practice, he makes himself absurd and his propaganda as well.

This propaganda has not produced much of a stir in medical circles in the western states, and has had little effect on the attitude of the western druggist towards his doctor friend nor has it stimulated his undivided interest, if one may judge from the personal opinion of prominent druggists here.

R. J. Smith, M. D.

Callinston, Utah.

♣ ♣ ♣

Under the Food & Drugs Act, there have been condemned a "strictly pure Canada Maple and white sugar blended syrup," from the Pacific Coast Syrup Company, of Los Angeles. This has been condemned as being misbranded.

CONSERVATION OF ENERGY.

The conservation of energy is never more or less than the Eternal Soul of One Light to which God's Immortal Life is limited.

A new idea in the established order of the world of thought cannot change it fundamentally. Only direct and formulate it into a wider relation of experiences, a better organized and established system. As such a theory must be all-comprehensive in its scope and in harmony with the entire body of the world of thought, it would be strange indeed, if here and there mistaken and poorly digested conclusions have not crept in, and especially will this be true in my case, as I have had no help or counsel outside of my library.

As a physician in active practice, I have a continuous laboratory wherein to observe the physiological and psychological problems in health and disease, and with this opportunity I have wended my way along the avenues of established experience until it became evident to me that the circulation of nervous energy in the nervous system is not only a theoretical, but a demonstrable conclusion. It so enlarges and clears the field of vision that doubt gradually is replaced by confidence.

While a large part of this truth has already been read before medical societies and published in medical journals during the past fourteen years, I have seen no criticism either for or against the truth. Left alone like this, I have often become timid, fearing that some simple and well established principle in thought might puncture this truth and thereby demonstrate again the often repeated experience that I was nursing a half-baked idea, the foundation of which was born in ignorance and conceit, the parents of all pet delusions. Nevertheless, my faith in its stability has grown with increasing study and become so firmly established and organized in my

mind that I ventured to set it afloat, and if some one will puncture it, even mercilessly and cruelly, and send it to the bottom of the sea, where so many vagaries lie buried, he will relieve me from future work in this direction; earn my lasting gratitude. Will console myself with the thought that it was born out of no other motive, but to learn the truth.

The truths of man are still in darkness, surrounded on all sides by mystery, clouds of confusion hover over all departments of established and organized experience. Are a prolific culture bed or basis to engender and breed all kinds of fads and isms from raw to half-baked truths that lay the foundation for an incalculable amount of wrongs in man's social system, in which the swollen stream of sin, misery and crime, is the legitimate product of organized law as demonstrable evidence; every term of which is in active, living practice today.

The soul of living world truth lays a sound, enduring, true, economical foundation on which build the superstructure of man's social system that will grow in worth and value as time rolls on, gradually weed out organized sin and crime, resolve darkness, dissipate the clouds of confusion and mystery, light up and unfold the true world with a clearer and brighter vision. Usher in and bring about a new social life so much better and greater than the present, the wildest flights of ideal fancy on the wings of boundless imagination will pale and fade out in comparison.

To state this here makes rainbow chasing a practical economy, nevertheless will let it go, cut all strings, and fly out on its own worth. The purpose is more to illustrate how comprehensive a law of universal truth this translation of the conservation of energy really means, when measured by God's soul of living truth.

While this appears extreme, utopian, extravagant to illusion; nevertheless is conservative, for scientifically demonstrable. Modest, for without end of possibilities. Not wonderful, for only the outer gate of the wonderful world truth. Indeed, one could not be extravagant, visionary, or utopian in ideal illustration of this living system of economy that has no limit of unfolding. The best possible, is no more than a fragment in the universal whole conservative light of God's truth limited by the universal energy of our soul of life wherein all things find their limit.

Having elucidated and demonstrated the world is a limited unit or equilibrium of force or work, also unfolded the law of atomic weight that proves it! Revealed and scientifically worked them out with unerring and orderly system of detail in the circulation of nervous energy in the nervous system; the only purpose and motive of this paper is to illustrate and show what they mean in the general department of world physics; mostly to see if they hold some true and lawful system here, as well as in the more familiar field of psychology, the world's soul.

"A new discovery necessitates a new language. (More especially if it is world wide in conception.) A new language if not generally understood. The curse of Babel fell upon Mayers' paper. "Counfond their language that they may not understand one another's speech." Prof. Cajore, Pop. Science Monthly, August, 1908.

In the same number: Lotze is quoted to say: "I understand by psychophysics an exact theory of the relations of soul and body." This reaction really equals the light of his still nebulous soul of living truth measured by the ideal unit of his life as an effect. Indeed, is an honest admission it seems impossible for man to make a distinction between psychics and physics, matter and mind. It is absolutely certain they are related parts of God's soul of living truth.

The botanist Naegele says: "The human mind is nothing but the higher

development on our earth of the mental processes which universally animate and move nature.'' This reaction is the measure of Naegele's lost soul in ratio is merely a higher development, in proportion becomes stranded and lost in Dr. Mayer's great generalization of the conservation of energy that is never more or less than the whole universal system of lawful truth to which the world, God's soul of living truth is limited.

It is one of the most painful and tragical facts to learn that ''for years Mayer was unable to bring his great discovery to the serious attention of scientific men. His mind became seriously affected. Even attempted suicide. Was placed in an asylum. Such is the pathetic story of the first discovery of the conservation of energy.'' Popular Science Monthly, August, 1908, Prof. Cajore.

The whole theme of the world problem hinges on the conservative light of God's soul of physical truth to which God's life is limited. Is the last and greatest truth up for solution today.

The physical symbolizes the psychical. They are too faces of a single existence. Nevertheless, the real, ideal, true world problem means infinitely more than this. Dr. Robert Mayer constantly and persistently dwelt on his favorite axiom: ''Cause is equal to effect.'' This was the real means by which it became possible for him to learn the greatest scientific generalization ever made by man. Now known as the conservation of energy that is never more or less than the conscious soul of his life as an effect. Still Mayer, like Lord Kelvin, Huxley, Herbert Spencer, including the lesser lights of science, had no conception of what cause really means and stands for in proportion lost the conservative light of God's soul to which the whole is limited. Indeed, when it finally became possible for me to translate the conservation of energy up into the great word—soul—a new and true light entered my being. I learned that Jesus had long since revealed and unfolded this pure and simple light of God's soul of living truth with such a clarified vision! I again read the story of the bible after this light.

Measured by this standard of Jesus revealed soul, I would be a coward of the first magnitude if I had not courage enough to state: All modern religion, science, and philosophy, ends up bankrupt today, in proportion knows, thinks, feels, believes; that the world is merely a lifeless, soulless law of dead matter and force.

This reaction today unfortunately equals the product of man's boiled down reason so clear in his mind; honestly says that the world's conservative system of lawful matter is nothing like the truth of man's mind. If God's life is not limited by the one immortal light of one conservative power-soul—that creates man's life after the same image! Then will again say: There is no God that rules and guides the whole universe. When one man can find a flaw, then I will retreat.

Throughout all the ages not one philosopher has ever had courage enough to define life. Lately some have attempted to make a definition along the line of modern science. The synthetic philosophy of Herbert Spencer sums up this effort. He honestly acknowledges it ends up as the ''Unknown truth.'' Admits the solution of life cannot be deciphered. Is not within the range of possibility. Hence, ends bankrupt in proportion does not know life can only be caused by life. Indeed, life is the most simple problem of science from the truth of which not one man can escape. Life is the cause of life measured by the conservation of one eternal light of soul the unit of which begins in God.

To translate the conservation of energy up into the great word—soul—I feel sure, offers a real and true solution of

the world problem. Not one man can find a flaw in its system the size of an atom an X-ray corpuscle that does not equal the law of one conservative light measured by the conscious soul of man's life as an effect created out of one cause —God—from which man cannot escape.

Through these eyes of soul we can look down to depths of ideal atoms and find they are world's active living worlds with their atoms, and these atoms worlds with atoms, that are worlds. So on without end as far as out into the ideal world we know, that has starry worlds for atoms, to worlds beyond of which this world is but an atom, so on without end; for down and out, it alike fades into infinity of life. Still all we know, and feel, and see, is truth. The world is no larger than truth. This ideal vision of world size and proportion, measured by these dizzy heights and depths, is not so wonderful, it is always, everywhere, and forever the same world truth. It is the truth of the world that is so overwhelming, stupendous and infinite a light, this wild stretch of world size, is only a fragment, an atom of its reality. No more than a faint illustration of the endless possibilities man can win and live, and still it is never more than truth—truth is the world. How great is the Light of Living World Truth! It is the greatness of God's soul of living truth wherein all things in the universe find their limit. God—Life— just as surely rules and guides the whole universe limited by the immortal conservation of one eternal power or energy of soul to which the whole is limited by the route of system, shackled by this new law of organized truth so clear, not one man can question the Kingdom of God is at hand. Soul is the ever-present light in the making without end or beginning. God's life is the immortal unit limited to the powerful light of His conservative law of Soul, Truth, Life. Is constantly engaged to make man more and more after the same image.

This completes the circuit of man's organized and established common sense, won by the daily route of real, ideal, actual experience, wherein he throbs, vibrates, pulsates a related part every moment of time.

Those that say, this is a viscious circle of reason! All I ask is for one man to show me an atom of dead matter in the universe that does not play a related part in the eternal wealth of God's soul of living truth. When one man can find a flaw the size of an atom that does not play a related part of God's soul of living truth measured by the conservative energy that is never more or less, then I will gladly retire. Indeed, offer an apology for being guilty of committing this horrible mistake.

I have exposed this simple light of God's soul of living truth with all the simplicity command. Please be kind enough to show me why it is not the whole, real, ideal law of truth.

HERMAN GASSER, M. D.

Platteville, Wis.

MATERIA MEDICA.

I have read with interest your editorial "The Presumption of Ignorance" in the August number of The Wisconsin Medical Recorder and also the reply to it by Otto E. Bruder, Director of the U. S. P. and N. F. Propaganda Dept. of the N. A. R. D. There are truths stated in both articles.

I have some ideas regarding these matters, and I think that if my advice were more generally heeded there would be greater harmony between the medical profession and th pharmaceutical profession. I believe that our ultimate concern as physicians is the prevention and cure of disease. The therapeutic art is the final goal to which the training of the medical student should be directed. As Jacobi recently said "We live in the era of therapy; therapy in political, social and individual life."

I have maitained for years that the best way to do away with nostrums is to give our medical students thorough courses in materia medica, medical pharmacy, pharmacology and therapeutics. The way to abolish proprietary medicines is to teach medical students how to prescribe and acquaint them with the physiologic and therapeutic action of drugs. They should be taught how to write or compound prescriptions that would be palatable and agreeable, combatible, yet so associated or combined as to meet the indications for which the prescription is intended, in a scientific manner.

If our medical students were able to do this there would be fewer therapeutic nihilists; secret nostrums would be relegated to antiquity and it would mark the beginning of the end of sectarian schools of medicine. But how is it now? There are many colleges that do not teach materia medica and therapeutics at all, and there are some state examining boards that do not examine on these subjects. The average medical student comes out of college today with very little knowledge of these branches. He goes to the bedside ignorant of these matters, and not knowing the action, the uses, nor in many instances, the doses of drugs, and not knowing how to write a prescription he naturally falls back on some proprietary medicine. Is it any wonder that the people use patent medicines, and patronize quacks? Physicians, themselves are to blame for the discredit which the lay press casts on the medical profession, not only because of their ignorance and skepticism regarding the value of drugs, but because of the bitter controversies among themselves.

There are in our ranks therapeutic nihilists and therapeutic enthusiasts and their illiberality, bigotry, "scrapping" over non-essentials have retarded our progress in therapeutics. At the best our advance has been rather by slow and patient endeavor and calm and deferred judgment; line upon line, precept upon precept, here a little and there a little. So have we climbed and so must we continue to plod along our way. The history of medicine is full of the announcement of cures and systems of cures that have, in most instances, been relegated to the rubbish heap by the test of time. After all we have few if any specifics. The practice of medicine is still difficult and often times discouraging, but our best therapeutic friends, are perhaps after all, the old-time honored drugs.

So-called non-medicinal therapeutics have a place and a large one, but they can never entirely replace drugs in the treatment of disease. It is our duty to seek a happy medium between therapeutic nihilism and polypharmacy and to even study the principals that govern the rational treatment of disease.

The aim of teachers of therapeutics should be to make it, if possible, a science as well as an art, to teach rational rather than empirical methods and to trace the relations between therapeutics and biology. We must confess, however, that we are still far from being able to explain the principles of much of our treatment. A great deal of our drug treatment is still empirical, but the rational increases every day and much of the old empirical disappears. While the modern physician is dissatisfied and should be dissatisfied with empiricism, we cannot as yet abandon all our empirical methods. We know as did our ancestors two hundred years ago that mercury is good treatment for syphilis, but we understand little more than they in what way it acts. We believe that salicylates are useful in acute articular rheumatism, and we guess at the secret of their efficiency.

We speak of certain drugs as specifics for certain diseases, meaning thereby that they seldom fail to produce good effects, but of the infinite number of steps

between the administration of the drugs and the beneficial results we know next to nothing. While I impress upon my students the importance of knowing the why and how of therapeutic action, and not to be satisfied, as is the empiricist with the fact, I do not go so far as to advise them not to use one of these old, well tried specifies, the salicylates for example, because they cannot explain how it acts. It is not so very long ago that we were ignorant of the action of quinine in malaria, but we knew that it seldom failed to alleviate the symptoms of the disease.

In the Chicago College of Medicine and Surgery where I am Professor and head of the Department of Therapeutics, materia medica and therapeutics are taught throughout the entire four years. Medical pharmacy and materia medics and pharmacognosy in the first year; pharmacology, prescription writing, materia medica and therapeutics in the sophomore and junior years; and applied and general therapeutics in the senior year. Throughout the whole course there are frequent quizzes and drills in prescription writing. I teach the students all I can, not only regarding the properties of the galenical pharmacopeal preparations, but of the active principles and endeavor to draw comparisons as to their efficiency. Not only drug treatment but non-medicinal measures are thoroughly gone into during the four years' course.

I believe if teachers of therapeutics could have the students the entire four years and drill them along these lines, the recent graduates would be thoroughly competent to prescribe their own medicines, and to write prescriptions or to dispense their drugs as the case might be, with perfect safety and with great benefit to their patients.

Geo. F. Butler, M. D.

Chicago, Ill.

WORTH REMEMBERING

POTASSIUM BITARTRATE.

Echhorst has called attention to the diuretic action of potassium bitartrat. He claims its influence is not only gradual but lasting. He uses it in all cases of pleurisy with effusion and in ascites with cirrhosis of the liver. The following is the formula:

℞

Decocti radicis altheae.....℥xij
Potassii bitartris .....℥ss
Syrupi simplices .....℥v

M. Sig. Dose 15 c.c. every two hours Shake before using.

Sakaki in Japan uses much larger doses. This is at first slow in action but full effect will be obtained in a few days.

Cream tartar is a valuable remedy in various diseases especially in diseases of the liver and the above formula is a good way to use it and is worth remembering.

PHENOL COMPOUND.

Equal parts of phenol crystals, chloral hydrate, gum camphor and menthol make a fluid which is a good analgesic for external use and if desired it is compatible to add chloroform to this.

The following is what is called carbolic acid compound: ℞. Equal parts of carbolic acid crystals, chloral hydrate, and camphor gum. Triturate the camphor and chloral to a homogenious liquid then add the carbolic acid and keep it well corked. This is of great value as a local remedy in various skin diseases. It cures eczema, tetter, ring worm, erysipelas, suppurating ulcers, old sores, toe itch, puritus ani and vulvae, bites and stings of reptiles and insects. saddle and harness sores on horses, and kills maggots.

One part of carbolic acid compound and three parts olive oil make a good mixture for suppurating gunshot wounds, sore and inflamed eyes. It is worth remembering in gonorrheal ophthalmia.

Carbolic acid compound one part and olive oil one part make a good local application for catarrh of the nose and when applied in the nose is of value in hay fever, colds in the head, influenza and bronchitis.

GOITER.

In goiter the following is a valuable local remedy:

℞

Mercury biniodide.....ʒj
Potassium iodide .....ʒij
Vaselin .....℥ij

M. ft. ung. Sig. Apply a small amount over the enlargement twice a day and heat it in.

This ointment must be thoroughly triturated when made.

In addition to the local treatment give the following internally:

℞

Fld. ext. corydalis .....ʒiv
Fld. ext. stillingia.
Fld. ext. alnus.
Fld. ext. podophyllum ....aa ℥j
Fld. ext. berberis aquif. ....℥iiij
Potassium iodide .....ʒiv
Simple syrup q. s. ad.....℥xvj

Sig. Dose, one teaspoonful four times a day after each meal and at bed time. Increase or decrease the dose as needed to keep the bowels acting well.

The above local and internal remedies are of much value in most all glandular and lymphatic enlargements and various hard tumor-like growths.

APPENDICITIS.

A good local application in appendicitis is as follows: Take two ounces of the oil of wormwood and put it in four ounces of alcohol, then add two ounces of sodium chloride, and then add enough of equal parts of vinegar and water to make two pints. Place on a stove and warm it and keep woolen clothes wet with this applied over the appendix, changing the clothes every half hour and between each application use the following:

℞ Resublimed iodine .....ʒj
Potassium iodide .....ʒss
Alcohol .....℥jss

M. Sig. Apply with a brush or feather.

This local treatment is of value in various forms of deep seated inflammations.

NOTES.

A mixture of guaiacol (liquid) and tinct. iodine is of value as a local remedy in the first stages of tuberculosis of the joints, in articular rheumatism and similar conditions. If desired a mixture of equal parts of guaiacol (liquid), tinct. iodine and chloroform can be used. It is a good mixture for various conditions where a local anodyne is indicated and is worth remembering in erysipelas.

When quinine is not well tolerated by the system it can be combined with morphine. This combination is of much value in neuralgia. It can also be combined with acetanilid or with both acetanilid and morphine as both these remedies enhance its action making it some quicker and prevent most of its untoward action and is worth remembering.

The cause of being right handed or left handed has always been a very interesting subject to me and I would like to see the question discussed by different ones. Dr. G. M. Gould has a book on this subject.

The researches carried out by Hale, Department of Pharmacology, U. S. Public Health and Marine Hospital Service, show that the injurious effects of acetanilid upon the heart are not well antagonized by caffeine. Further, the toxic effects of acetanilid are increased by combination with any of the morphine group of alkaloids. This is not the case with salicylic acid or the bromides when added to acetanilid. Caffeine does not antagonize the circulatory depression following antipyrin but prevent slowing of the heart rate.

J. A. Burnett, M. D.

RUNDSCHAU

By H. SPEIER, M; D.
Minneapolis, Minn.

TREATMENT OF SPRAINS BY MASSAGE.

Although sprains are among the commonest injuries physicians have to treat, the results if treatment are too often disappointing. The orthodox treatment of a sprain is absolute rest. Under this treatment it usually takes weeks before the injured joint can resume its function, and even then it retains for a long time, often for years, a certain degree of tenderness, weakness and disability. Fart better results are constantly being obtained by irregulars, bonesetters and the latest claimants for professional recognition, the osteopaths. Every one of us knows of cases, where improvement began at once under their management, after regular treatment had failed. They discard rest, rely on massage and passive movement. An excellent exposition of this method of treatment is given in the Medical World for February, by K. W. Ostrom, a practitioner of Swedish Manual Movement, whom the editor speaks highly of as an educated, cultured gentleman and one strictly ethical in his relations to the medical profession. Space allows us only to give the leading points of his very valuable article. He says: "We look upon a sprain as a sudden partial dislocation with a quick replacement of a joint. We know that there are exudations from the rupture veins and lymphatics, with intense pain from the pressure of the distended vessels upon nerves. Now the question is: Shall we work away these exudations or shall we put on a stiff cast to allow them to harden and settle in and around the joint? Suppose we do use the cast; when we take it off after two or three weeks we still have a stiff and partially anchylosed joint, which afterwards requires as much mechanical treatment as the original sprain under modern methods would need for a cure. An ordinary sprain is cured in five days. By using massage from the very start we know that all the effusion is absorbed and not stagnated and hardened in the many articular surfaces of the tarsus. (Sprain of the ankle joint is under consideration.) In an ordinary sprain, first of all, let us make use of hot water or the ice bag, and in most cases of normal health I prefer the latter. The ice bag relieves the inflammation quicker, but the hot water is more soothing to the average patient. Now elevate the limb with one pillow under the knee and another laid lengthwise under the leg with good support for the tarsus. Oil the skin well and start with gentle stroking upward from above the malleoli up to the knee, turning and carefully supporting the limb. Now that we have prepared an outlet for the inflammatory exudations we begin with gentle strokings of the dorsum of the foot carefully supporting with the other hand, gradually reaching around to the malleoli. The first treatment consists of strokings only for ten or fifteen minutes, and afterwards I apply a linen bandage. Treatments are given twice daily and the foot is kept elevated.

In the second treatment we begin with strokings as before and continue with small circular frictions over the sore part. The swelling, heat and pain are now disappearing and the patient, if not abused by too hard pressure at the first treatment, feels comfortable.

We should always finish the treatment with strokings. Use less oil for each successive treatment, so as to make the manipulations more efficacious. The

sooner a sprain is massaged after the injury, the quicker the recovery. The treatment is not very painful if properly carried out. The patient is usually able to be around on the third day instead of having to stay at home for weeks. Before discharging the patient we give some passive movements, principally in the form of flexion and extension, also partial rotation to fully prevent any possible adhesions."

These directions are so simple that anybody might carry them out. To be really successful, a great deal of practice and experience are necessary. But in view of the excellent results which are undoubtedly, obtained by scientific massage, it behoves physicians to cast aside old-time prejudices and study methods of mechanical therapeutics. Dr. Taylor of the Medical World has become quite enthusiastic on the subject.

THE AMERICAN DRUGGISTS' SYNDICATE.

The Journal A. M. A. has exposed the utter falsity of the claims of the American Druggists' Syndicate (A. D. S.) as set forth in repeated advertisements and communications in the daily press. A confidential booklet sent to druggists whose membership is solicited proves the real aims of the organization. They do not fight the patent medicine business for the protection of the public against fraud, but for the purpose of getting control of the business and manufacture of ready-made medicines for their own profit. In fact, they try to perpetuate the nostrum evil indefinitely by newer methods and exploit without conscience public and physicians.

The Journal is rendering a great service in this matter and it is to be desired that knowledge of it might reach the general public. But we cannot understand why the Journal was not satisfied with giving examples of the rank advertising and other objectionable methods employed by the syndicate. They were enough to condemn it. Instead the Journal adds this somewhat dangerous criticism: "the attempt to instil in the mind of the public a distrust for all druggists who have not seen fit to ally themselves with this co-operative 'patent medicine' concern is an uncalled for insult to the retail druggists of the country." Dangerous, because Dr. McCormack, the acknowledged spokesman and one of the innermost circle of managers of the A. M. A. makes frequent use of just such an argument. The Rundschau can only speak from hearsay, but as the report has come repeatedly from physicians of unquestioned veracity and intelligence in different places, it cannot be doubted. In his addresses to the general public which have become a leading feature of his annual speaking tours, Dr. McCormack is said to warn his hearers in unmistakable terms against employing physicians who are not members of the organization, imparting the impression that they are not deserving of confidence.

It is hard to see a difference between the two methods of making propaganda. If one is as blamable as the Journal says, then the other one must be, unless special latitude of conduct is to be granted to the representative of the A. M. A. Dr. McCormack's utterances on this point have certainly caused much bitter feeling. Let the Journal continue its righteous warfare against all fakes and frauds in the medical field, no matter who gets hurt.

PNEUMONIA.

Whenever A. Jacobi speaks, the entire profession must listen, for there are very few men among us today, who combine in their person such vast experience, great knowledge and excellent judgment. In the Monthly Cyclopedia and Medical Bulletin for July he summarizes the medicinal therapy of pneumonia in the last half century and believes that some rules are valid for all patients sick with pneumonia, viz.: Rest of body and mind; no visitors; no

noise; no excess of light; no high temperature of the room, no higher than 60 or 65 F.; liquid food, milk diluted with cereals or milk diluted with hydrochloric acid (dilute hydrochloric acid 1, water 250, milk 500, heat to boiling point); plenty of water or lemonade or hyrdochloric acid in water; a purgative to relieve the abdominal circulation and the diaphragm, e. g. calomel, unless hydrochloric acid be taken; no heavy bedding; warm the feet; mustard paste to the chest; mustard footbaths in bed. In very fulminant cases with excessive congestion and cyanosis, venesection is advisable. It is understood that high temperature is not a uniform danger, but in persons suffering from an old lesion, in the prematurely born or in the anemic of all ages it is, or may be so. Whether a warm bath, or a cold bath, or a cold washing and sponging with friction, or a warm or cold pack over the chest and abdomen, or the local application of an ice bag is indicated depends on the individual case and the individual doctor. A fat person, a feeble person, a tuberculous person, an influenza patient, a child with lobular pneumonia, require early stimulation; he has seen harm from neglecting, but never from obeying this indication. As alcohol is in part eliminated through the lungs, he believes it better to give it during the first few days. Moderate doses of digitalis, strophanthus, sparteine, caffein or ammoninum (liquid anisatus better than the carbonate) will be tolerated, will brace the heart and may save the strength required for a speedy convalescence. Strychnine is given too much, indeed it is abused. In myocarditis it is not well borne. In arteriosclerosis it may be tolerated in small doses, but we do not give medicines for an indifferent but for a full effect. The dose of strychnine must be large in the septic and the thoroughly anemic. As a stimulant he believes in camphor, also in benzoic aid, about a gram or more daily by mouth or, when the stomach refuses it, subcutaneously. Dry pleurisy with its excessive pain demands morphine, never internally, but subcutaneously. Internally it will have no effect such as is desired; locally over the seat of pain, it will never fail. It will not cure, but it will relieve and aid in curing the patient. Incessant cough and sleeplessness caused by pain must be relieved by an opiate or the patient may be killed if he is not relieved. The fanatic interdiction of opium in cases of infants is copied from one text book into the next by those who treat people at their desks and not at the bedside.

SCOPOLAMINE—MORPHINE ANESTHESIA.

At a recent Meeting of the Edinburg Medico-Chirurgical Society, reported in the Lancet, Drs. Thomson and Cotterill contributed a paper on the use of scopolamine and morphine as an anesthetic adjunct. They had used this method in about 184 cases and the results were summarized as follows: 1. Fear as a source of danger in the performance of operation was done away with. Emphasis was laid on this point as of the greatest importance. 2. The amount of anesthetic required was small, 3. The drugs inhibited the production of mucus and saliva, less trouble being experienced during the administration of chloroform and ether. 4. During and after operation, sickness was much less liable to occur. 5. The patient continued sleeping for several hours after operation and was thus spared much pain and discomfort. They found that the effect of this combination reached its maximum in two hours after administration and continued for five or six hours.

In the discussion, Prof. Caird said the employment of this combination was particularly good in conjunction with spinal anesthesia. Cotterill said the use of these injections gave a very favorable

(Continued on page 142)

THE WISCONSIN MEDICAL RECORDER

J. P. THORNE, M. D.
EDITOR
Janesville, Wis.

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We are not responsible for the opinions expressed by our conrtibutors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 13 MARCH, 1910 No. 3

ELECTRO-THERAPEUTICS

The short, practical articles on electro-therapeutics, which Dr. Wm. R. D. Blackwood has contributed to recent numbers of The Recorder, have attracted considerable attention because each article tells something. The favorable reception of these articles by our readers induced us to request Dr. Blackwood to contribute an article on electro-therapeutics to each number, to which he has consented. Each number of The Recorder for the next year will contain a brief article on electro-therapeutics by Dr. Blackwood. Dr. Blackwood's long experience with electricity as a therapeutic agent especially fits him for preparing these articles.

Wm. R. D. Blackwood, M. D., is seventy-two years of age and has been engaged in the practice of medicine for fifty years. He is a graduate of the medical department of the University of Pennsylvania. For many years he has paid special attention to nervous diseases and electro-therapeutics. He was, with the late Dr. Garratt of Boston, the first to employ electricity in medicine, forty years ago. He was in the army thirteen and one-half years; entering as a private and leaving as a brigadier general. Dr. Blackwood was surgeon of the celebrated "Bucktails"

WM. R. D. BLACKWOOD, M. D.

sharpshooters, and of the equally celebrated "Miners," both from Pennsylvania. He was brigade surgeon, surgeon-in-chief of division, medical inspector of a corps, and was engineer of the famous Petersburg mine, the greatest on record to this day in any war or army. The Doctor is a past-commander and past-medical director of the G. A. R. and never misses a meeting of his G. A. R. post. He has written an

annual "Memorial Ode" every Memorial Day since the Grand Army started, on the same old text but new in style every time. In a recent letter to the editor Dr. Blackwood says: "I am just as well as fifty years ago, walk from six to ten miles daily, work right along, and expect to do so till I go over the river to rest under the shade of the trees." May the Doctor remain with us many years yet, to give us the results of his ripe experience.

THE N. A. R. D.

In the January issue of the Recorder there appeared a statement by Mr. Bruder, Director of the U. S. P. and N. F. Propaganda Dep't., in reply to an editorial which appeared in our August issue making some criticism of the subject matter of one of Mr. Bruder's circulars to physicians. We will take up his reply seriatim.

We are glad to know that the N. A. R. D. has as an expert on propaganda matters, "a man who has had many years" activity in the retail drug business, and have no doubt that his acquaintance with many physicians enables him to judge to whom he should apply for the advice he wishes to receive.

Mr. Bruder makes exception to our statement, that the retail druggist places a low estimate on the physician's ability to prescribe or use drugs, and says that none of his publications have assumed as much. Surely not. He would not be expected to say that in a circular directed to physicians. Nor as a rule would he admit it in a conversation with physicians; but let any reader who doubts the truth of the assertion take pains to do a little "gum-shoe" work, and ascertain many druggist's real "low down" opinion of the capacity of the physician as such, as compared with his, the druggist's, ability to prescribe drugs, and if he gets at the truth of the matter he will know whose view of the circumstances suits his particular case, that of the editor or that of Mr. Bruder.

In regard to the circular on glycerophosphates, our objections were that the circular undertook to recommend to the physician how to use this preparation. This Mr. Bruder denies, and in the next sentence acknowledges the truth of our criticism by quoting the words of the circular, which says: "The Elixir is a most excellent preparation wherewith to furnish phosphorus to the system, and is especially valuable in such diseases of the nervous system as result from exhaustion, rather than from organic changes."

Please, Mr. Druggist, how do you know this? The scope of your work is to put together the prescription, and all you have a right to say is that in any cases in which the physician desires to furnish, not phosphorus but phosphates, to the system, he will find this a palatable preparation. As to whether it is suited to the diseases which you mention, and as to whether the glycero-phosphates furnish phosphorus to the system, this is outside of the druggist's function altogether. What does the druggist know about the diseases in which phosphorus or the glycero-phosphates are indicated, or whether the remedy he advocates has this effect upon them?

In so far as the N. A. R. D. is seeking to discourage the use of proprietaries, their sincerity may be questioned. Their propaganda is not aimed against the patent medicines with which they have assisted in poisoning the people for so many years, but against those proprietaries which are popular with physicians. Taken in connection with recent exposures in the Journal of the American Medical Association of that other association of retail druggists, the A. D. S. (and it is difficult to see how we are to differentiate between two such active associations of the same people working toward the same end), and we must see

in the movement no desire whatsoever to benefit the physician or the public, but simply an effort to appropriate to the retailer the profits heretofore enjoyed by the wholesale manufacturers. On the one hand, through the N. A. R. D. the druggist beseeches the physician to use his combinations instead of those prepared by the large manufacturing chemists. On the other he beseeches the public to use his preparations instead of the patents, and out herods Herod in his efforts to attract public attention, by advertising compared to which the claims of the old manufacturers of nostrums are milder than skimmed milk.

His remarks concerning Professors Vaughan and Cotton and their findings are an unworthy evasion of the point we raised. The exaggerations made in the recommendation of some manufacturers do not concern us in the least. We expect this sort of thing and discount it, and rely for our views of the value of such products on our own observations. What we objected to was the impertinent presumption with which these people undertook to deny the statements of Vaughan and Cotton, and to assert that the administration of nuclein and neuro-lecithin was useless inasmuch as these were found in the food. It is true that iron and lime are also found in the food, as well as soda, potash, phosphates, and a large number of other substances which are used and prove useful in the hands of the physician, when isolated and prescribed in suitable cases. This, however, is beyond the ken of the druggist, and we do not expect him to approve it or to understand it.

The argument taken from Miescher's experiment is a non sequiter. Allowing all he says, it does not follow that every human body in every instance is able to form lecithin and nuclein for itself from the food, in sufficient quantities, and that these substances administered therapeutically do not have the effect which is attributed to them. The same reasoning would exclude iron as a medicine, since there is an abundance of it to be found in the daily food. Nevertheless Niemeyer, whose authority may perhaps be ranked beside that of Mr. Bruder as a clinician, remarked that in chlorosis the administration of iron afforded one of the most brilliant triumphs known to the history of clinical medicine. Besides, such questions are to be settled by clinical trial and not by a priori reasoning; and the fact that the hypodermic administration of nuclein does result in leucocytosis, has been proved many times, and may be proved by anyone who chooses to take the trouble to repeat Vaughan's original observations. As to the meaning of this increased leucocytosis we need not dilate; every physician who is at all well-read in modern medicine understands it; that the druggist does not understand it is not his fault. Why should he?

Mr. Bruder in his next sentence acknowledges that the N. A. R. D. is making good in its work of "teaching physicians." Very likely there are some physicians who may even learn their own profession from the druggist. We trust that they realize this and are properly ashamed of it.

Now we come to a point on which we can agree with Mr. Bruder, and we are glad to note it. The medical colleges, some of them, do not teach materia medica and therapeutics as thoroughly as they should; and if Mr. Bruder had called attention to the frightful neglect of drug therapeutics, which seems to have been lost in the multitude of newer experimental methods, he would have received our hearty concurrence. But we must dissent from his idea that the teachers should ask for help from the N. A. R. D. What college professor of therapeutics is so ignorant of his profession that he should ask for edification from such a source?

Frankly, we do not believe it. If

true, the college with which such a man is connected should at once take pains to secure a therapeutist to fill the chair.

As to fighting secrecy in drugs we are also heartily in accord with the N. A. R. D. We are perfectly willing to give the pharmacists a square deal. We propose to get one ourselves. The unblushing manner in which the evils of pharmacy are shoved off onto the medical profession by Mr. Bruder is astounding. The abuses in pharmacy which divorce it from medicine are due to the fact that pharmacy is a business, and run on business principles, and those not of the most creditable nature. As an instance of this, we will quote an interesting little story appearing in the organ of the N. A. R. D. some time since.

"A lady rushed into a drugstore and remarked that she thought she had swallowed her false teeth. The clerk to whom she applied said truthfully he did not know what to do. But before the lady had time to go and consult a physician, another clerk spoke up, and suggested a bottle of citrate of magnesia, which suggestion she accepted gratefully, bought the magnesia and departed. To which the editor of the Journal in question added a triumphant comment that the second man was a salesman."

No better illustration could be given of the druggist's ideal, his ethical position, and his professional knowledge. Neither the salesman nor the editor had the slightest suspicion that the recommendation he made was the worst possible thing he could have done, putting the lady's life in serious peril; whereas had she gone to any physician she would have received correct advice and possibly been saved from an operation or from death. The druggist could take refuge in the fact that, not being a doctor, he could not be held responsible legally; but the moral responsibility remains. It is exactly this assumption of the right to give advice when not qaulified to do so, to which we physicians are objecting. As long as the principal function of the druggist is to sell goods and make money, he cannot stand on the same level with the physician, or make his interests harmonize with those of the latter. The only pharmacist we could recognize as a professional brother is the man who confines himself exclusively to the pharmacist's function of preparing medicine on the prescription of the physician. If, as Mr. Bruder says, he acts with the advice and concurrence of a number of physicians, we would suggest that he look further for more capable advisers.

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RUNDSCHAU.

(Continued from page 138)

impression. The entire absence of alarm on the part of the patient and the calm for many hours after operation impressed him, while the patient seemed to suffer less from shock. He employed injections in almost every case requiring operation.

♣ ♣ ♣

Drawn by Grace M. Norris, M. D.

"Speak! Skeletonia. Speak!"

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books of interest to doctors. Items of literary news will furnish information on progress in the world of literature.

PHYSICAL THERAPEUTIC METHODS. A Handbook of Drugless Medical Practice. Including a Chapter on Radiography. By Otto Juettner, M. D., Ph. D., Physician to Seton Hospital, Fellow American Physio-Therapeutic Association, American Academy of Medicine, Royal Society of Medicine of England, German Roentgen Society of Berlin, etc. Pages, 636. Illustrated. Price, Half Morocco and Cloth, $5.00. Harvey Publishing Co., Cincinnati, Ohio.

Many physicians who have profited by Dr. Juettner's previous literary productions will welcome this new work. When his work "Modern Physio-Therapy" was issued, we commended it and readers who purchased it, were greatly pleased with the book. This new book contains the substance of "Modern Physio-Therapy" revised to date, and much additional matter. In connection with this review we are pleased to give a brief biographical sketch of the author, as some of our readers wish to know more about the author.

Otto Juettner was born at Breslau, Germany, in 1865. He was educated at St. Mathew's Royal Gymnasium, Breslau, and at the Royal Conservatory of Music, Breslau. He came to this country at the age of eighteen, studied medicine and graduated from the Medical College of Ohio in 1888. Dr. Juettner served his interneship in the Good Samaritan Hospital, Cincinnati and since 1892 has been engaged in practice in Cincinnati. He has received many Fellowships and distinctions in this country and Europe. He has been a frequent contributor to the medical press and has written: "Essays on Personal Hygiene", (1902); "Modern Physio-Therapy," (1908); "Songs of the University of Cincinnati," (1908); "Daniel Drake and His Followers," (1909); "Physical Therapeutic Methods," (1910). Dr. Juettner is professor of therapeutics in the Cincinnati Polyclinic and Post-graduate Schools.

This book is a system of drugless practice. All the non-medicinal therapeutic methods are presented theoretically

OTTO JUETTNER, M. D.

and practically, including the purely "natural" methods, such as diet, personal hygiene, etc., and the more scientific methods, — hydro-therapy, massage, mechano-therapy, physical culture, psycho-therapy, photo-therapy, electro-therapy, vibration, radio-therapy. The principles of these various therapeutic measures are explained and their practical application given. Many of these therapeutic methods have been neglected by physicians and taken up by uneducated persons, not capable of properly handling them. Many physicians have

been inclined to study scientific medicine and overlook these valuable therapeutic agencies. This book presents all the physical therapeutic methods as parts of scientific medicine. As Dr. Juettner says: "A well-balanced and thoroughly trained medical mind is the necessary agent in the practice and application of these physical methods. Without it their practice becomes unscientific and bunglesome, with the earmarks of the absurd fad, or of the vilest quackery to be plainly seen.

The work is presented in two sections, the first giving the principles and theoretical considerations, and the second the practical applications. The second section is arranged alphabetically by diseases, so that the treatment of any disease may be found quickly. The physician who wishes to succeed professionally and financially must give attention to physical methods of treatment and this book will be found a practical guide, of use every day in the year. If all physicians would read and study this book and practice its teachings, there would be fewer irregular healers attempting to treat disease, the profession would be better in every respect, and the public would be benefited.

The book contains many illustrations and is beautifully bound in red morocco, with cloth sides and gilt top. The text is clearly printed on splendid paper. A complete index makes the contents available for instant use.

♣ ♣ ♣

Essentials of Laboratory Diagnosis. Designed for Students and Practitioners. By Francis Ashley Faught, M. D., Director of the Laboratory of the Department of Clinical Medicine and Assistant to the Professor of Clinical Medicine, Medico-Chirurgical College, etc., Philadelphia, Containing an Indican Scale in Colors, Six Full-Page Plates and numerous engravings in the text. Pages, viii-309. Price, Cloth, $2.00. F. A. Davis Co., 1914-16 Cherry St., Philadelphia.

Laboratory work occupies such an important place in medical practice today that students and practitioners need such books as this. The book presents the analytical methods today employed in the clinical laboratory, explaining the various procedures clearly without unnecessary detail. The work tells how to examine the sputum, the blood, the stomach contents, the feces, the urine, the cerebro-spinal fluid, human milk, and other body fluids. One chapter explains the opsonic method and shows how to obtain the opsonic index. The section on examination of the urine is worthy of especial note as it gives the best and most approved methods of urinalysis; this section alone is worth the price of the book. One chapter is devoted to bacteriologic methods, enabling the worker to differentiate and recognize the commoner pathogenic organisms.

The author gives a description of his office laboratory cabinet which will be appreciated by practicing physicians. He tells exactly how to construct and equip this cabinet. The physician who has this cabinet in his office is well equipped for laboratory diagnosis. The appendix gives the formulae of the various regents and stains necessary in clinical laboratory work. The book, while not voluminous, yet makes a satisfactory working guide.

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Arthrosteopedic Surgery. By Stewart L. McCurdy, A. M., M. D., Author of "Orthopedic Surgery"; "Oral Surgery", etc.; Orthopedic Surgeon to Columbia and Presbyterian Hospitals; Professor of Anatomy and Oral Surgery, Pittsburgh Dental College, University of Pittsburgh. Pages, 214. Price, Leather, $1.00. Medical Abstract Publishing Co., 219 Sixth St., Pittsburgh, Pa.

This little volume is one of the medical abstract series issued for medical students and practitioners. The book gives in abstract, the surgery of the extremities and skeleton, including everything that cannot be properly considered under the head of visceral surgery. The book covers the entire subject of orthopedic surgery, as well as bone and joint surgery. The book can be carried in the pocket and used for quick reference and study. Physicians preparing for state examinations will find these little books useful in reviewing the different branches of medicine and surgery.

♣ ♣ ♣

LITERARY NOTES

McClure's Magazine for March contains the story of the Cherry Mine disaster by Edith Wyatt. Burton J. Hendrick describes the latest experiments with stovaine; Xavier Paoli, who formerly looked after foreign sovereigns sojourning in France, contributes his reminiscences of the Shah of Persia.

Some of the articles in The American Magazine for March are: "Is the East Also Insurgent," illustrated, by Ray Stannard Baker; "The Judgments of the Sea," illustrated, by Ralph D. Paine; "Interesting People," illustrated; "Aldrich," illustrated, by Edwin Lefevre; "Barbarous Mexico, Three Months in Peonage"; "The American Woman," illustrated, by Ida M. Tarbell.

Everybody's Magazine for March contains: "The Making of 'K,' the Wool Schedule," a striking analysis of the system whereby a small group of men decide not only what we must pay for our clothes, but how little wool we may have in them and who may participate in the profit. Judge Lindsey's autobiography intensifies as it continues. "The Squaw Man As He Is," by Bailey Millard, shows the advantages to white men in Indian wives, and relates some entertaining incidents.

Articles of special and timely interest in the Cosmopolitan Magazine for March are: "Flameng—Interpreter of Beauty," illustrated, by Vance Thompson; "My Way of Work," illustrated, by Francois Flameng; "Mexico—the Progressive," illustrated, by Otheman Stevens; "Selling a Nation's Birthright," illustrated, by Lewis Nixon; "The Shrine of Snobbery," illustrated, by Alan Dale; "The Story of Charlemagne," illustrated, by Charles Edward Russel; "Smiling Surgery," illustrated, by Carlin Philips, M. D.

The Washington department of the National Magazine for March contains thirty pages which sketches the latest gossip and record of achievement in public affairs at Washington; as usual this is one of the prominent features that characterizes the National as distinctive from all other periodicals. The reader can actually see the busy editor in his personal chats with senators, presidents, members of the cabinets and social and business magnates of the capital. Every paragraph gives the impression that here is one magazine editor who keeps everlastingly at it in getting something of timely interest for his readers.

A few of the articles in The World To-Day for March are: "The Good and the Bad in the Western Invasion of China," illustrated, by Ernest D. Burton; "The Strike of the Shirtwaist Makers," illustrated, by Mary Clark Barnes; "With the Bird-men at Los Angeles," illustrated, by Hamilton Wright; "The British Budget and the Single Tax," illustrated, by A. W. Wishart; "The Lakes-to-the-Gulf Deep Waterway," with portrait, by Theodore K. Long; "The Fortune Hunter," illustrated, by Lucy France Pierce; "Across the Philippines in an Automobile," illustrated, by Wayland W. Magee; "The Menace of the Police," illustrated, by Hugh C. Weir.

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THE PERILED MOMENT—A COMPOSITION

By Grace M. Norris, M. D.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. XIII APRIL, 1910 No. 4

ELECTRO-THERAPEUTICS

By William R. D. Blackwood, M. D. Philadelphia, Pa.

(Continued from Page 102 March Recorder)

Electricity is very useful in all the forms of dyspepsia, and it can take the place of most of the dirty pepsins, many of which not only stink through the rottenness of the material, but have, without any doubt, caused ptomaine poisoning repeatedly. There are many causes for dyspepsia besides absence of gastric juice in full quantity—loss of muscular tone in the gastric region, in the stomach itself, and in the upper bowel, which often gets flabby. Where it is known that the secretion of gastric juice is insufficient, faradism is indicated; place one pole over the stomach and the other up and down the spine for half an hour or so. Combined with this should be massage all over the abdominal region. When faradizing the stomach also see that the liver gets a share of the current. Sometimes pain referred to the stomach comes from a congested liver, or even from impacted gallstones. I have known the latter to be dislodged by strong and long-continued faradic applications, the stones showing in the stools in a few days, or even at once after a purgative action through the current, which is a common event when electricity is applied to the abdomen. A patient of mine often said, whilst I was giving her a dose over her stomach, "Doctor, I want to go through the house," meaning to the bathroom, when what was required was that something wanted to go through her. Congested liver is readily reduced by galvanism, one pole over the region and the other applied by the hand with deep massage. When I speak of using the hand I mean that one pole (stabile, or steadily kept in place,) goes to the organ which you are treating, and you hold the other in your left hand, if you are right-handed and the application then is made by your right hand, with, or without massage, as demanded. You, of course, get an equal amount of current through your arms, chest, and back, which does you no harm anyhow, and the good effect on you is paid for by the patient. I am sure that my perfect health for so many years is largely due to the tremendous amount of electricity which has gone through me in this manner. I have not been sick for fifty years enough to go to bed except once, and then I was probably lazy instead of really ill.

Congested spleen is also handled as is the same trouble in the liver, and many a case of intermittent fever has given way to applications through the spleen on one side with the other to the spine. Many years ago I got a letter from a doctor in Palermo, Italy, asking me to treat chills and fever electrically, and when I replied to him saying that I saw no use for doing so, he told me that he did not know enough about electricity to try it, but as he thought I did, he wanted me to experiment, which I did. I had some difficulty in getting cases which were first-attack ones, and which had not taken quinine at all, but in the

course of two years whilst down South after the war, in army work I got thirty-five to treat and in every instance a cure resulted. I published my work in the Medical Summary and it caused a lot of criticism, but friends of mine tried it and backed me up in what I asserted. Soon after this I received a letter from another Italian doctor saying that electricity will kill all germs, bacilli, microbes, and other bugs which some folks think are at the bottom of all diseases, and he then wanted me to try to eradicate disease by passing lethal currents through the carotids and back through the jugulars, because he thought that all the blood current went to the brain first and then back to the extremities. I wrote telling him that this was incorrect, and that although an article reporting many experiments showed that all life could be terminated by electricity, it could not be used as he wished because the current needed would paralyze the pneumogastrics and kill the patient as well as the bugs. He did not agree with me but a long correspondence did not get me to try the experiment.

Constipation comes next in considering abdominal work. Nothing will do so much good here as faradism thoroughly applied daily over the whole abdomen. I generally insert a suitable electrode into the anus and then run the current all over the abdomen with massage as above told about. No case has resisted a thorough treatment, although it sometimes takes time to get there. Get the patient—generally a woman, for they are too lazy to attend to defecation unless they have to do it,—to come daily, give her big doses, and don't let her take purgatives of any sort at all. Make her select a suitable time to use the closet, after breakfast is best, and if she does not unload the rectum and all the rest above it then, tell her not to go again no matter how much she wants to do so (unless she can't hold in,) till the same time tomorrow. Three or four days of this work will teach the bowel in most folks that you are boss, and then the trouble is over. If the patient is a fool and won't listen to what you want her to do, give her a bread pill at night and then she will get along all right; she thinks the pill does the work, and you can slowly eliminate it keeping up the electricity. If there is great rectal impaction I sometimes use high injections to unload the bowel and then get in the work with strong currents. Generally I use both currents, galvanic and faradic. If you have a good static, a dose from that helps especially if you use the brush discharge, the condensers eliminated, giving the purplish flow without sparks. It acts on the imagination which is about all there is to static work except in some headaches. You know that although the voltage is immense, half a million to three or more millions, the amperes are low, a quarter of a milliampere or less mostly, therefore the energy is principally a stimulant with some soothing quality.

Getting low down in the intestinal canal, I may say here that often I have reduced the congestion due to a "fit of the piles." Nothing hurts more than an inflamed mass of protruding piles. I have been there myself years ago, and if you apply galvanism to the mass with a sponge wet with cold or ice water and other high up over the liver it often does immense good. It stops the pain anyhow, and frequently hurries up the reduction of swelling, besides acting on the liver which is mostly at fault anyhow. Anal fissure and fistula are helped by cautery at times, and electric methods do well here. You may either cause a slough by a strong current, or touch up the lining membranes by a weak one to hasten granulations. Introducing a fine wire through the fistula and heating it up, after stringing it through and enclosing the mass of muscle and mucous membrane will painlessly cut through

the affair in a few minutes, don't hurry, it you do it may cause a slight hemorrhage, but if this happens, a touch now and then will likely stop it by sealing the capillaries involved. Using a clamp in piles to hold them you can cut them off by cautery wire quickly, and the slough resulting soon heals up aseptically. I have often treated piles with the clamp and injection of pure carbolic acid simply softened by a few drops of glycerine, placing the material in one or more parts of the tumor before withdrawing the needle finally. The clamp prevents the acid from entering the circulation till the pile is solid through the caustic effect of the acid, and I prefer this to dilute solutions with ergot, tannin, and the like.

(To be continued.)

PHYSIC IN YE OLDEN TIME

By D. L. Field, M. D., Jefferson, Ind.

(Continued from Page 104 March Recorder)

Menecrates, physician to Phillip of Macedon, was so mad as to fancy himself, Jupiter; and wrote to the King in these forms: "Menecrates to Phillip, —greeting." Phillip answered: "Phillip to Menecrates; health and reason." But the King did not stop there, but hit upon a pleasant remedy for his visionary physician. He invited him to a grand banquet and Menecrates was assigned to a separate table, where nothing but incense and perfume were served; whilst the other guests fed upon the most exquisite dainties. The first transports of joy, with which he was seized, when he found his divinity was recognized, made him forget that he was a man; but hunger, afterwards forced him to recollect his being so; he was quite tired of the character of Jupiter and fled from the company abruptly.

History relates that the plague, in which Hippocrates won such renown, first made its appearance in Aethiopia, whence it spread into Egypt; from thence into Lybia and a great part of Persia; at last it broke like a flood upon Athens. Hippocrates described it as a physician and said: "The pestience baffled the utmost efforts of art; the most robust constitutions were unable to withstand its attacks and the greatest care and skill of the physicians were but feeble help to the afflicted.

It is related that the instant a person was seized he was struck with despair. The assistance given them proved mortal to all who had the courage to approach a victim. The sick laid in the streets and crawled to the fountains, were they went to quench the raging thirst, that was burning within them. Hippocrates devoted his entire time to the sick, was everywhere, and instructed and sent many physicians to all parts of the plague stricken country. Hippocrates finally conquered the pestilence, started deodorizing and disinfecting fires in every direction.

As to Democedes again: He was a native of Crotona, a city of "Grecia Magna," in the lower Calabria, in Italy, from whence he was obliged to fly, on account of ill treatment he received from his father. He first went to Egina where by several successful cures he acquired a great reputation; the inhabitants of this place called on him, an annual pension of a talent, $1,100.00. Some time after he was invited to Athens, where he so distinguished himself, that they gave him a pension of $1,466.00. Afterwards he was received into the family of Polycrates, tyrant of Samos, who gave him a pension of $2,200.00. The Crotonians from this time had the reputation of having the

ablest physicians and next after them, the people of Cyrene in Africa. After having cured the sprained ankle of Darius, by using hot fomentations, he had the good fortune to perform another remarkable cure, which raised his reputation still higher. "Atossa one of the King's wives, was attacked with cancer of her breast. As long as the pain was moderate she bore it with patience, not being willing, out of modesty, to reveal the nature of her malady." But at last she was constrained to it and sent for Democedes, who promised to cure (?) her and at the same time he exacted a promise from her, that if he cured her, she was to procure from Darius a permit to journey to his own country. The queen, having been cured (?) was not unmindful of her promise and he departed for his home. Darius had designs on Greece and he acquainted Democedes with it; laid open his views to him, and desired him to conduct fifteen noblemen to the maritime towns, that they might observe the situation and strength of the places. The king permitted him to carry all his movables with him; he also loaded him with rich presents for the father and family of Democedes. The physician was suspicious that Darius was trying to ensnare him. The noblemen were charged to not let Democedes give them the slip, but return him to the king. "The best laid plans" sometimes miscarry. After viewing a great part of Grecian territory, they reached Larnstown, Italy, where the Persians were arrested as spies; and Democedes taking advantage of this situation, fled to Crotonia. The Persians on being set at liberty went to recover the physician, but his fellow citizens would not give him up.

These instances, from very remote history, are here given in my history of medicine, to show what distinction physicians attained thus early and also to show that they were honored by kings and received rich rewards for their knowledge and skill; and right here, I want to say, that in giving a history of "physic in ye olden time," I will travel down the centuries and after awhile I will come down to "where we live."

Antiochus, son of Seleucus, was seized with a "lingering distemper," and the physicians were unable to diagnose the case, so his condition was considered desperate. It is easy to conceive the grief and anxiety of a father, who beheld himself on the point of losing a son in the flower of his age, whom he had intended as his successor to vast dominions and in whom all his happiness in life ,consisted.

Erasistratus, the most attentive and skillful of all his physicians, having carefully considered every symptom with which the indisposition of the young prince was attended, believed, at the last, that he had discovered the true cause and that it proceeded from love, in which conjecture he was not deceived. The physician, therefore, to assure himself fully of what he surmised, passed whole days in the apartment of the young patient, and when he saw any lady enter he carefully observed the countenance of the young prince and never discovered the least emotion in him, except when Stratonice came into the chamber, either alone, or with the king as her consort, at which the prince was always affected with the symptoms described by Sappho, as so many indications of violent passion; such for instance as suppression of voice, burning blushes, dimness of sight, cold sweat, a sensible and inequality of pulse, and a variety of like symptoms. When the physician was afterwards alone with his patient, he managed his inquiries so dexteriously as to draw the secret from him. Antiochus confessed his passion, for Queen Stratonice, his step-mother and declared he had em-

ployed all his efforts to vanquish it; he added, that he had a thousand times, had recourse to every consideration that could be represented to his thoughts in such a conjuncture; particularly the respect due from him to his father, and sovereign, by whom he was tenderly beloved. The shame of indulging a passion altogether unjustifiable, and contrary to all the rules of decency and honor; the folly of harboring a desire he ought never to be desirous of gratifying; but that his reason, in its present state of distraction, entirely engrossed by one object, would hearken to nothing; and he concluded by declaring, that to punish himself for such desire, he had resolved to pine to death, and abstain from any kind of food.

The physician gained his point by penetrating into the source of the trouble, but the remedy for his disorder, was not so easy to find; as how could such a proposal be made to a father and king?

Seleucus inquired as to his son's health, and was told by the physician, that his case was incurable, because it arose from a secret passion, which could not be gratified, as the lady he loved, could not be obtained.

The father, surprised and distressed, at this information, said to the physician, "Who is the lady?"

"She being my wife," said the physician, "I am not disposed to yield her up to the embrace of another."

"And will you not part with her, then, to preserve the life of a son, I so tenderly love? Is this the friendship you profess for me?"

"Let me entreat you, my lord," said Erasistratus," to imagine yourself for one moment, in my place? Would you resign your Stratonice to his arms? If you, therefore, who are a father, would not consent to such a sacrifice for the welfare of a son so dear to you, how can you expect another should do it?"

"Would to God," said Seleucus, "that the cure of my son depended only on the acquiescence of myself, I would resign Stratonice and my empire, to him, with all my soul!"

"Your majesty, then," replied the physician, "has the remedy in your own hands; for it is Stratonice whom he loves."

The father did not hesitate a moment, after this declaration, and easily obtained the consent of his consort, and his son and that princess, were crowned king and queen of Upper Asia. King Seleucus was called the "Conqueror."

Appolophanes was an eminent physician to Antiochus, and had free access to him; he also enjoyed the entire confidence of the king, not only as a great physician, but as a wise counselor, as well. He warned Antiochus against the machinations and treachery of his prime minister, for which the king was extremely grateful, as such warning not only saved the life of the king, but cost the life of the minister. This is but another instance of the high regard, and confidence bestowed on physicians in the olden times. They took high rank not only for their skill in the art, but for the high character they bore. History says further about the great physician, and his great influence with the king, that in a proposed expedition of the army of Antiochus; "Appolophanes, determined the king, and council to follow his plan, and to open the campaign with the seige of Selencia. Accordingly, the whole army marched thither; invested it, took it by storm, and drove the Egyptians out of it."

Medicine, in all ages, has grown with, and has been dependent on the growth, and progress of collateral sciences. Some great medical luminaries have lighted the way through the centuries, from Egypt to the twentieth century. Except for a comparatively short time, when the science of medicine suffered

an eclipse, when women, and priests usurped the practice, during the ascendancy of Rome,—it has gone on "conquering, and to conquer." The history of medicine, in all times, shows that there has been a gradual concretion of parts, going in the main to make up an accumulation of knowledge—valuable and indispensible to all, while at the same time, it shows that the science has often seemed to "drag its slow length along;" yet it has made remarkably fast strides toward exactness, and perfection, within the memory of the veterans among the profession, who are still living.

Among the physicians in ancient times, we have no evidence that they possessed any knowledge of aetiology or nosology; at any rate, their knowledge as to causes, and nature of diseases was very vague, and imperfect. It was a long time before any attempt was made to arrange diseases. The first physician and author to arrange, and attempt a systematic nosology, was Sauvages of France, in 1762. He was followed by Baglivi, and Sydenham. Linnaes published his "Nosology" in Sweden in 1764. Vogel—one in 1765. Cullen in 1769. Another by McBride, and one by Sogar of Vienna in 1771. These were really among the first to classify, describe, and differentiate diseases. While Hippocrates and many other eminent physicians of Greece and Rome, described some diseases fairly well, yet it was not till the 14th century that anything like accuracy was arrived at in nosology. Take for instance the present la grippe; in the 17th century it was called "influenza" in Italy, because it was attributed to the influence of the stars; and this term passed into medical use. It was called in Russia, "Chinese catarrh," in France, "Italian fever". It was an epidemic in the Athenian army in Sicily, 415 years before Christ.

(To be continued).

PHIMOSIS.

By Perry Woolery, M. D., Heltonville, Indiana.

Case Report.

Man, age 57, came to me with the following history:

Had been having trouble passing water most all his life but more so past ten years. Frequent desire, tenemus, some blood, occasional sudden stoppage of the flow, feeling of fullness in rectum, burning pain, all symptoms of a chronic cystitis with, as I thought, some indication of stone in the bladder. I prescribed a urinary antiseptic and recommended washing out the bladder but he declined. I did not look at the genital organs but on his next visit to the office he told me of a congental phimosis which was the nearest complete I had ever seen. Meatus not larger than a three penny nail. When he would attempt to make water, the penis would balloon up like a bladder and the straining would begin. I saw at once that the only relief was a circumcision or at least an incision. He finally consented to an incision which was done under cocaine, which gave him immediate relief, being able to pass water more freely and with less pain than for several years before. Head of penis not much larger than an almond, with adhesions all around back to corona.

The patient had two brothers who were physicians and who had treated him for years who did not know of his condition because of his timidity in telling it. I was the only one he had ever told about it or he could have been relieved of a great deal of suffering many years ago. The obstruction had put so much strain on bladder walls and prostate gland, that he had an enlargement that will probably never return to normal.

DERIVATION AND CHARACTERISTICS OF ACTIVE PRINCIPLES

By George L. Servoss, M. D. Fairview, Nevada

(Continued from Page 107 March Recorder)

CORONILLIN.

According to Merck's Index, this is a glucoside from Coronilla Scorpioides, obtained as a yellow powder, soluble in water and alcohol, with the chemical formula of $C_7 H_{12} O_5$, and acting as a cardiac tonic and diuretic. The same authority advises its use in cardiac dropsy and other affections, especially paroxysmal tachycardia, aortal stenosis and mitral insufficiency, instead of digitalis; it strengthens the pulse, increases secretion of urine, and diminishes edema and dyspnea; contraindicated in fatty heart. Dose 10 grains per day, in four to six portions, either in solution with glycerine and syrup, in coffee, or in pills.

CORYDALIN.

A concentration or resinoid from the tubers of Corydalis Formosa, turkey corn. Obtained as a brown powder, soluble in alcohol. Accredited by the eclectics with tonic, diuretic and alterative powers and used by them in syphilis and scrofulous conditions, and in skin diseases. The dose is one grain four times a day in chronic cases.

CROTIN.

This is mentioned in Merck's Index, and described as follows: A mixture of exceedingly toxic albuminoids from the seeds of Croton Tiglium. A white powder; about 20 per cent ash. Soluble in solution of sodium chloride. A vegetable agglutinin with hemolytic action on the blood of rabbits and crows; coagulates both boiled and unboiled milk. No farther mention is made of action or uses, and no dose is given.

CRYPTOPINE.

According to Merck's Index, an alkaloid from opium, obtained as a white, crystalline powder, soluble in boiling chloroform and boiling alcohol, almost insoluble in ether and benzine, melting at 217° C., and with a formula of $C_{21} H_{23} N O_5$. The hydrochloride salt of the alkaloid is also listed. It is obtained as a white, crystalline powder, easily soluble in hot water and with formula of $C_{21} H_{23} N O_5 . H C_1 . {}_6 H_2 O$. The actions, uses and doses are not mentioned.

CUBEBIN.

The resinous principle from the unripe berries of Piper Cubeba. Merck says that Cubebin is obtained as a white crystal, soluble in alcohol, ether and chloroform, melting at 125° C., and with the formula of $C_{10} H_{10} O_3$, or, $C H_2 . O_2 . C_6 H_3 . C_3 H_4 . O H$. Merck says that the Cubebin mentioned in the 1907 Index is therapeutically inert, while others say that it acts as a stimulant carminative and expectorant, and as a sedative to the urinary mucosa. Its chief use is in disorders of the urinary tract, but may give good results as an expectorant. The dose is from 1-67 to 3-67 grain, every hour.

CUPREINE.

Merck's Index gives this as a glucoside from Curange Amara, with the formula of $C_{48} H_{77} O_{20}$, soluble, easily in alcohol, hydrous acetone and acetic ether. Action, febrifuge. Use and dose not given.

CURARINE.

Of the five alkaloids of Curare, Curarine is the most important. It is obtained as a deliquescent, brown powder, soluble in water and alcohol, with the formula of $C_{19} H_{26} N_2 O$. Nerve depressant. Indicated in tetanus, hydrophobia, paralysis agitans, chorea and similar conditions. Ineffective when administered internally and is employed hypo-

dermically. The dose recommended is 1-250 grain hypodermically, increased to effect, although in hydrophobia and tetanus, much larger dosage has been employed.

CYPRIPEDIN.

A concentration from Cypripedium Pubescens, ladies' slipper, in which no active principle has been found. Obtained as a brown powder, soluble in alcohol, and acting as a tonic, stimulant, diaphoretic and antispasmodic. Popular with the eclectics and used in insomnia, nervous irritability, neuralgia, delirium, all from atony; menstrual irregularities with despondency; tendency to dementia at climacteric; mental depression from self-abuse. Merck gives the dose 1-2 to 3 grains.

DATURINE.

Merck gives this as an alkaloid from Datura Stramonium, identical with Hyoscyamine and isomeric with Atropine. Obtained as colorless crystals, soluble in alchol, ether and chloroform, melting at 106 to 108_0 C., formula C17 H23 N 03. Actions and uses, same as of Hyoscyamine. Dose 1-200 to 1-60 grain. The Hydrochloride is obtained in white crystals, soluble in water and alcohol, formula, C_{17} H_{23} N $_{30}$. H C_1 The Sulphate occurs in white crystals, soluble in water and alcohol, formula, $(C_{17}$ H_{23} N $O_{03})_2$. H_2 S O_{04}. The actions uses and dose of the salts, same as of the alkaloid.

CYTISINE.

Mentioned in Merck's Index as the alkaloid from th eseeds of Cytisus Laburnum and many other papilionaceae and considered identical with ulexine from Ulex Europaeus, Sophorine from Sophora Speciosa and Baptitoxine from Baptisia Tinctoria. Obtained as colorless to yellowish-white crystal soluble in water, alcohol, ether, benzine and chloroform, melting at 152° C., with the formula C_{11} H_{14} N_2 O. Used medicinally in form of the salts, hydrobromide, a yellowish-white crystal, soluble in water and acting as a diuretic, used in cardiac dropsy and strychnine poisoning. Dose 1-20 to 1-10 grain. The hydrochloride, obtained in white crystals, soluble in water and alcohol, with the formula of C_{11} H_{14} N_2 O. H C_1., and acting as a nervine, intermediate in action between strychnine and curarine and used in paralysis, migraine, whooping-cough and asthma. Dose 1-20 to 1-12 grain. The nitrate is obtained as a yellowish crystal, soluble in water, slightly in alcohol, insoluble in ether. Formula C_{11} H_{14} N_2 O. (H N O_3) 2. $_2H_2$ O. Uses and dose same as of the hydrochloride.

DELPHININE, CRYSTAL.

According to Merck's Index, an alkaloid from the seeds of Delphinium Staphisagria, obtained as white crystal, soluble in water, alcohol, ether and chloroform, melting at 119_0 C., with formula of C_{22} H_{35} N $_{06}$, and acting as an antineuralgic and antispasmodic, like Aconitine. Used in facial neuralgia, chronic rheumatism, convulsion, palpitation of the heart, pediculosis, etc. Dose 1-60 grain, gradually increased to 2-3 grain. Externally applied in 1 to 2 per cent ointment, or alcoholic solution. An amorphous alkaloid of the same name is derived from the same source. Obtained in yellowish powder, soluble in chloroform. Merck does not give action, use or dose.

DELPHOCURARINE.

Merck gives this as an alkaloidal substance from Delphinum Scopulorum, obtained as an amorphous, white powder, soluble in water and alcohol, with use, same as Curarine.

DIGITALIN CRYSTALLIZED.

Merck gives this as a glucoside from the leaves of Digitalis Purpurea, obtained as a coarsely, granulated, crystalline powder, which decomposes above 235_0 C. without melting sharply and soluble in a mixture of alcohol and chloroform, slightly in alcohol, and al-

most insoluble in water, ether and chloroform, with the formula of C_{27} H_{46} O_{14}. 5 H_2 O. Has no action on the heart.

DIGITALEIN.

Merck's Index mentions this as a glucoside from the leaves of Digitalis Purpurea, obtained as a white, amorphous powder of intensly bitter taste, soluble in water and alcohol, and acting as a cardiac poison.

DIGITALIN "FRENCH."

From Digitalis Purpurea, chiefly as an amorphous glucoside, and resembling Digitoxin in action. Obtained as a yellowish, odorless, bitter powder, soluble in alcohol and chloroform and 1 in 2000 of water. Uses, same as of Digitoxin. Dose 1-200 grain, rapidly increased, until 1-40 grain is taken daily. Maximum dose 1-30 grain.

DIGITALIN "GERMANIC."

The Germanic consists of a mixture of Digitalin amorphous, Digitonin, and Digitalein, and is obtained as a yellowish-white powder, soluble in water and alcohol and almost insoluble in ether and chloroform. It has the heart tonic and diuretic action of Digitalis, without the cumulative effect, and meets all the indications of the entire plant. This is the most satisfactory active principle of Digitalis. Merck gives the dose as 1-10 to 1-2 grain, 3 to 4 times a day, but it has been found that 1-67 grain, at more frequent intervals, is more effective and gives better results.

DIGITOXIN.

Merck says that this is the most active glucoside from Digitalis. It is obtained as a white, crystalline powder, soluble in alcohol, chloroform and in a mixture of 333 Cc. glycerine (Sp. Gr. 1.25), 147 Cc. water, and 95 per cent alcohol, q. s. to bring the whole to Sp. Gr. 1.000; slightly soluble in ether, insoluble in water. Chemical formula, C_{28} H_{46} C_{10}. Acts as a prompt, reliable and powerful cardiac tonic and may be substituted for the entire drug, or other active principles. Merck gives the dose as 1-240 to 1-60 grain, 3 times a day, and gives the maximum single dose as 1-30 grain, or 1-15 grain a day. While this is a powerful, and reliable, remedy, the Germanic Digitalin will undoubtedly suffice wherever Digitalis is indicated, and is probably a safer remedy to employ.

DIONIN.

Merck gives this as the Ethylmorphine Hydrochloride, obtained as a faintly bitter, white crystalline powder, soluble, one part in about 7 of water, 2 of alcohol, and 20 of syrup, insoluble in ether and chloroform. Chemical formula C_{19} H_{33} N_{03}.H C_1 X $_2H_2$ O. The action is similar to that of Morphine and Codeine, without the constipation, nausea, lassitude, or tolerance. It is employed as a succedaneum for these drugs. Merck gives the dose 1-4 to 1-2 grain 2 to 3 times a day; the evening dose 1-2 to 3-4 grain. In morphinism hypodermically, single dose 1 to 2 grains, 3 to 15 grains per day. Single maximum dose, excepting in morphinism, 1 1-3 grains, daily 5 grains.

DIOSCOREIN.

A concentration, or resinoid, from Dioscorea Vittata, obtained as a brown, bitter powder, soluble in alcohol. It acts as antispasmodic in bilious colic with spasmodic contractions, in fact, is considered a specific, by some, in this condition. It is also indicated where there exists, yellow skin and conjunctiva, nausea, colicky abdominal pains, coated tongue, deranged stomach; frequent, small, flatulent stools; colic with tenderness, sharp abdominal pains made worse on motion. The dose is 1-6 to 1-2 grain, every five minutes until relief, best dissolved in alcohol or hot water.

DITAINE.

Merck gives this as alkaloid from Alstonia Scholaris, obtained as colorless crystals, soluble in water, alcohol, ether and chloroform, slightly in benzin,

melting, at 206_0 C. with decomposition. Formula C_{22} H_{28} N_2 O_4. 4 H_2 O. Actions and uses as of Curare. Dose not given.

DUBOISINE.

An alkaloid derived from the leaves of Duboisia Myoporoides. It is obtained in microscopic white needles, soluble in alcohol, ether and chloroform, slightly in water. Merck says that it is identical with Hyoscyamine, while others say that it has the actions of Atropine. It is used where ever these active principles are employed. The melting point is 106 to 108_0 C., and the formula is C_{17} H_{23} N O_3. Merck gives the dose as 1-300 to 1-60 grain, with the single maximum dose 1-60 grain, daily 1-20 grain. Merck also mentions an amorphous form, an alkaloid obtained as a yellow, thick syrup-like liquid, soluble in alcohol, ether and chloroform. The salts of Duboisine are the Hydrobromide, Hydrochloride and Sulphate, of which the actions, uses and dosage is the same as Duboisine.

ELATERIUM.

The active principle from Momordica Elaterium, a sediment from the juice. Merck says that it is obtained in grayish-green, flat or slightly curled, small pieces, or powder, feeble odor, with slightly bitter, acrid taste, partly soluble in hot alcohol. It acts as a drastic purgative. The standard dose is 1-6 grain, given every five minutes, to effect. Elaterin is the active principle of Elaterium, obtained in a very bitter, white crystalline powder, soluble one part in 262 of alcohol, 318 of ether, 272 of benzin, 200 of amyl alcohol, at 25_0 C (U. S. P.), insoluble in water, melting at 216_0 C. (U. S. P.), the formula being C_{20} H_{28} O_5. Oction and uses, same as Elaterium. The dose is 1-20 to 1-10 grain, and the maximum is 1-6 grain. The activity of Elaterium depends upon the amount of Elaterin it contains.

EMETINE.

The alkaloid form Ipecac. It occurs in conjunction with Cephaeline, the emetic principle of the plant. The total alkaloids of the plants are obtained as a whitish bitter powder, which darkens on exposure, soluble in alcohol and chloroform, slightly in ether, and very slightly in water. Has all the actions of the crude drug. Emetic in large doses expectorant in small. Used wherever Ipecac is indicated. Dose 1-67 to 1-6 grain. Emetine is the most reliable of Ipecac, and when it can be obtained in Cephaeline free form, fills all of the offices of the whole drug, without any of the unpleasant effects. Emetine also acts as an active eliminant, by stimulating the liver action. The Hydrocloride salt is mentioned as an expectorant, dose 1-12 to 1-6 grain.

ERGOTIN.

A purified hydro-alcoholic extract of Ergot. Merck obtains it in a reddish-brown, soft extract; one part—5-6 of Ergot. Soluble in water. The actions and uses, same as of the whole drug. Dose 1-6 to 5 grains.

ERYTHROL TETRANITRATE.

A principle derive from several lichens and some algae, with the formula of C H_2 (O N O_2). (C H. O N O_2)2.C H_2 (O N O $_2$). The action and uses are same as of nitroglycerine. Dose 1-2 to 1 grain.

ERYTHRORETIN.

Merck gives this as the resinous, bitter principle from Red Rhubarb, obtained as a brownish-black, resinous substance, soluble in alcohol, slightly in ether. Actions, uses and dose not given.

ESCORIN.

A principle from Esculin, obtained as brown powder, soluble in alkalies, formula C_9 H_8 O_4. Used to discover defects in cornea and lesions of conjunctive and applied in 1 drop of 10 to 20 per cent aqueous solution.

(To be continued).

THIRTEEN UNCANNY TALES

VII—THE INVISIBLE WITNESS

By GRACE M. NORRIS, M. D.

There was death in the house; the owner thereof lay in a rich casket placed in the center of the gorgeously furnished parlor, where, but a week previous, a gay party of visitors had offered congratulations to its mistress on the announcement of her engagement.

The telegraph and telephone had borne the news of the dead woman's untimely demise under suspicious circumstances, and it had created a sensation, both in the city and in all the elite circles in the Southern States, and the question of the hour—murder or suicide was widely discussed.

Estelle Ravenwood was a woman of thirty or thereabouts, thirty-five perhaps, for she was one of those peculiar types who seldom carry their age in their face. Nature had endowed her with a handsome face and figure and sufficient flow of spirits to make the beauty effective.

Some ten years before she had been left an orphan and an heiress. Both parents had met death, by a derailment on the Georgia Central. Since that time she had dwelt on her patrimony with a staff of servants, entertaining and making trips to fashionable summer resorts. She had traveled over the American continent and toured Europe. Her house was a regular old English mansion of the time of Queen Bess. The site was superb, commanding a view of the bay, two rivers, the city and the ocean. No finer country seat was there in situation and none more sumptuously fitted up in all Florida.

Martha knew that her mistress was dead

In the parlor rested the coffin, solitary and alone, no watchers near; in the drawing-room, back of the parlor sat her colored nurse, moaning and muttering to herself. She was an aged retainer, who had cared for a past generation of the family and still looked after the deceased young woman.

It was night in the spring of the year, but the coy and gentle maiden still lingered in the lap of winter and fires indoors were absolutely necessary, so in the elaborate grate, pine knots blazed; the smoke rushed fiercely up the broad black mouth of the ancient fireplace, while the flickering light given off, danced about the room, throwing a red glare on the dark brown walls and sending black shadows along the ceiling. It fell upon the ghastly, upturned face of the corpse, then glittered on the massive silver plate which ornamented the coffin, (the heirs had shown all possible respect to one whose death would be to them a gain) then was absorbed in the dark color of the bier.

On the morrow, in the afternoon, the funeral was to take place; it had been delayed for the reason that her fiance had been unable from distance to arrive before an earlier hour.

There had been a post-mortem, and, as

in many another inquest the coroner's jury, rather than arriving at a verdict, had a verdict forced upon them. The testimony of the coroner's physician, an extremely important and political appearing person, ruddy of complexion, harsh of voice and important mien, stated flatly that death had been due to asphyxiation. He was in something of a hurry that day; a tempting office had been created in the Board of Health and he wanted to see one or two people about it before afternoon. Therefore, he stated very testily that said Estelle Ravenwood, deceased, had come to her death by asphyxiation, willfully and criminally administered by parties or party unknown, who had effected an entrance to the house during her sleep, under cover of darkness, or by means of drugs self administered during the night with suicidal intention. There was no doubt about it and this settled the whole matter

Telephoned for the family doctor

Old Martha had been sworn, but could throw but little light on the situation. Miss 'Stellie had been in the house alone, save for the presence of the servants on the evening in question. The colored woman said that she, Martha had retired and was about to extinguish the light, when a big, black butterfly suddenly appeared in the room and flew about. She arose to "shoo" the thing out of the room with her apron and it suddenly made a squeaking noise that sounded like "Stellie, Stellie," and she concluded it was a "haunt flew up from the swamp" and was so agitated over the thing that she sat down on the bed, and when she looked again the witch bug was gone. She went through the hall but it was not there. Miss 'Stellie's door was ajar and she went in and told her about it. Miss 'Stellie only laughed and assured her it was a harmless miller and had probably flown out again. Miss 'Stellie was lying on her bed reading and it was nigh on to eleven o'clock.

The coroner called this testimony nothing but rank, darky superstition and of course, passed over it rapidly on to more important bearings on the case.

Later the aged servant on passing her mistress' room on a forgotten errand in the night, had been attracted by a peculiar pungent odor. Alarmed, she had gone in and found Miss Ravenwood to all appearances asleep. Not responding to her calls, she proceeded to closer investigation, and then Martha knew to her horror and grief that her mistress was dead. This was at half past twelve.

She had then telephoned for the family doctor and also informed the police. Regretfully, but firmly, she had not permitted any of the servants to enter the chamber of death until after the arrival of the coroner.

Richard Ravenwood, the father of Estelle, had a very intimate friend to whom he had been much attached all his life. This friend, Norman Graytower, had been a widower for many years, and the parent of two children, Thomas and Francis. Mr. Graytower had passed away a few weeks after the deaths of Mr. and Mrs. Ravenwood on the illfated train. Both men had owned large estates, but Mr. Graytower had espoused the Lost Cause and through the vicissitudes of war and the following adversities had lost heavily, while Mr. Ravenwood had become financially involved also to a great extent. By profitable investments in the North at high rates

of interest, he had been able to meet his obligations and restore his financial equilibrium again. A sort of agreement had been talked over between the parents that the daughter of one and the son of the other should marry when they had reached the age of maturity and thus the two large estates would be united.

Tom Graytower

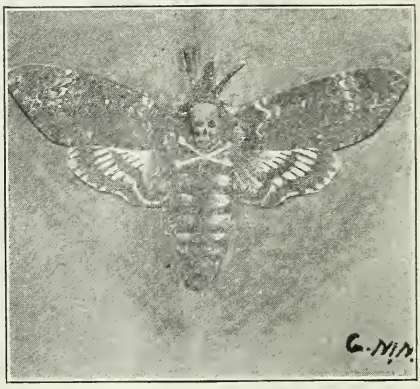
Miss Ravenwood made her debut, and however brilliant had been her anticipations of success, she had the pleasure of finding them fully realized. She had been the belle of the season — admired, courted, and envied; and by the end of it, she had refused at least half a dozen proposals. As she was perfectly independent, she resolved to enjoy a longer lease of her liberty before she put it in the power of any man to control her inclinations. So years had passed away and she had not married. After Tom Graytower had returned from a Northern University, his low financial condition caused him to look with covetous eyes at the vast estate and pretentious mansion of Ravenwood, and he was anxious to prove his estimation of her beauty and accomplishments by presiding at the best furnished table in the town and taking possession of one of the finest properties in the State. Backed by the arrangement of the parents of both principals in the affair, the contract made a quarter of a century before, was brought up as strong proof and undisputable corrobation that he should be the master of Ravenwood. His obliging and interesting offer was met with a courteous but firm refusal and the over-confident suitor was informed never to bring up the disagreeable agreement which their antecendents in a quixotic frame of mind had suggested simply because their affection for each other had caused their judgment to err. Angrily, Tom Graytower left the house, but still did not give up the idea and jealously watched her callers and dogged her footsteps and shadowed her trips.

At the mid-winter automobile races in Savannah, she had met a West Point cadet, grandson of a famous Northern General. As was to be expected, under circumstances so propitious, the young man fell in love, though Miss Ravenwood was some years his senior. He was a tall athletic figure, dark complexion, military bearing and a distinguished carriage. He was to finish his Academy course in May and receive his appointment in June, and the wedding was to take place in two weeks following his ascendency to Lieutenant in the United States Army. Through the intercession of influential friends, this young soldier of fortune was to be stationed at the fort of the same city, where Ravenwood Hall stood, so matters were progressing rapidly towards the marriage which was looked forwards to as one of the coming events of the season.

Tom Graytower, in appearance was not young, nor not old, perhaps thirty; he was of medium height and smooth face. The lines of dissipation, the marks of premature ageing from debauchery could be traced in his white face, which looked as pallid as a waxen mask. While his figure was symmetrical and his countenance handsome, it was faded with the pallor of dissipation. He was a successful and unscrupulous gambler, and well known as a master of weapons. He revelled in money accumulated by cards and dice and every imaginable species of villainy. By means of his ancestry and reputed wealth, he found a way into the higher

walks of society and by his remorseless reputation he held his way unattacked.

Nature had endowed Tom Graytower with no mean share of talent, and with that peculiar quickness of nervous organization, which, like fire, is a good servant, but a bad master. Out of these elements, with due training might have been formed an efficient and eloquent public man, but left without a mother at an early age, from childhood he had been brought up among servants to whom his unjust will had been law, and had been indulged during the period of infantile beauty and grace in the full expression of every whim, growing into boyhood on a large plantation. The secluded nature of the place left him deprived of moral influences. His associates were negroes, or the surrounding whites, who were yet a lower grade of degradation. Thus his extreme youth saw him an adept in every low form of vice. In despair his father sent him to a preparatory school at the North, and he commenced his career on the first day by some unmentionable misdemeanor and consequently was expelled.



"A big, black butterfly"

Then he went to another, where, learning caution from former experience, he was enabled to maintain his foothold. He was a successful colporteur and missionary by the way of introducing a knowledge of "drinks," vicious literature, and obscene pictures. Artful, bold, and daring, his residence for a number of years at this school was sufficient to initiate in the way of ruin, perhaps one-fourth of the students. Later he matriculated at a well known college, and was placed under the care of a professor, who was paid a sum equal to his salary for looking after the affairs of Tom Graytower.

The consequence was, that while other students, whose fathers could not afford to pay for a similar patronage, were disciplined, suspended or expelled, as the severity of the misdemeanor might be, Tom Graytower exploited gloriously through college, every week, breaking windows, demolishing furniture, hazing freshmen, and at last graduated no one knew how, except his patron professor, who received an extra bonus for the extra difficulty of the extra case. Returning home, for his father had passed away after the finishing of Tom's collegiate course, he went into a lawyer's office, where he was said to be studying law, because he was occasionally seen at the attorney's rooms during the intervals of his more serious avocations of gambling and horse racing and drinking.

During his youth, his father, an affectionate and stern man was wholly unable to control him, and the conflict between them often shook the whole domestic fabric. Never-the-less, Mr. Graytower indulged in the hope, even to his death, that Tom would get through sowing his wild oats, sometime, and settle down and become a respectable citizen; in which hopes he had left him half of the property.

The plantation went to Tom's sister, and an orange grove with land for gardening was Tom's share, with several thousand in cash. After his father's death, Tom seemed to have studied on no subject except how to accelerate the growth of those wings which riches are said to be inclined to develop, under favorable circumstances.

As it often happens in such cases of utter ruin, Tom Graytower was a much worse character for all the elements of good which he possessed. He had sufficient perception of right and sufficient perception remaining to make him bitter and uncomfortable. In perception of himself, he knew he was unworthy of his father's trust, he became angry at any indication for the worst of it. He had contracted a settled ill will for his sister in his youth, for no other apparent reason except that his father had comfort in her which he could not give. From childhood, it was his habit to vex and annoy her in every possible way and it was for this reason among others that she had been placed in a woman's college in Massachusetts. After finishing her collegiate career, she returned and married a distant relative and they took charge of the old Graytower plantation.

Tom's property was situated by a small lake. On one side was an immense pine forest, on the other a large orange grove, started years before and productive. Beyond the orange trees were many acres of rich hummock land, ground, which could have been cleared up and devoted to gardening with great profit.

The lake was a dark, gloomy body of water thickly surrounded by trees, whose long drooping boughs dipped into the black water, then creepers of such great length and strength linked the trunks together everywhere, whose woody, flexible stems appeared along the ground and grew to an incredible length. Some were twisted in strands like wire cables, others had thick stems contorted into every variety of shape, intwining snake like around the tree trunks, or forming gigantic loops and coils among the lower branches, others were zigzag shape like the steps of a staircase, winding from the ground to a giddy height. Alligators, large snakes, turkey buzzards, monster black-birds, birds of prey, beautiful blue and white cranes were the order of animals seen on the shore of this lake.

A private road ran from his home, a typical southern structure in these wilds, through the hummock land, until it joined the main high way, some two miles beyond. Tom was thus some five miles from the city. The road ran between the low wooded banks covered with live oak and cypress trees, each draped from tip to foot with Tillanosia, the gray Spanish moss, full of interest and wild beauty. It was a weird, ghostly road, fascinating to ride over, and watch the effect of the silver gray mantle, sometimes wrapping huge dead branches as if in compensation of their departed glories; for that stupendous splendor of parasitic vegetation, which adorns whilst it destroys alike the fairest woodland trees. Draping them with sprays of silver, giving to every stem and branch an added beauty and grace, it gradually preys upon the vitality it embraces, till only decay and death remain. But the gray, mingled with the bright green and yellow leaves and again tenderly draping an unsightly stump, until it was more artistic and grand than any monument carved from costliest marble. The banks of the road rose into small cliffs, showing the varied and beautiful colors of the soil.

Tom Graytower, while on the same level with his associates, had the advantage of an education and polish, and when he wished, could assume the manners and conversation of a gentleman. He was very angry when Miss Ravenwood's engagement was announced, and his dwindling fortune made him more so, when in the distance he could behold the pretentious mansion and grounds, and the smoke pouring gracefully from the great chimney of Ravenwood Hall, and floating upward until it was lost in the fleecy white clouds above. He experienced at this period an unfortunate run of bad luck, and it looked

as if the fickle goddess of fortune had turned the scales against him. Tips on horses proved disastrous to his purse at the races, and on the whole the past months financial aspect was a black page. A few days after the announcement of the coming nuptials he braced himself for the ordeal in his usual way and went and called on Miss Ravenwood to bring her to his way of thinking before it was too late to regain the estates and they would pass into another's hands. Miss Ravenwood refused to admit him to the house and sent him a message to that effect, which caused him to translate his feelings into fierce expressions and oaths mixed with threats, that she would never live to see the day when that man to whom he applied a vile epithet, would be her husband and the master of Ravenwood Hall.

Two days before the mysterious death of Miss Ravenwood, she was forced to discharge a servant who was employed in menial service about the estate, for abusive treatment of her favorite hunter, and as the wages and light duties made the situation a good one, he became angry and uttered a threat, overheard by the cook, as he disappeared in the woods near by, and was seen no more. However remarks were current among the servants that "Jake" was still hanging around the place waiting "to do somethin or other."

On the morning of Miss Ravenwood's death, he came to the kitchen door and asked for a "handout." A colored girl handed him a sandwich and imparted with it the "powerful bad news." The first thing he did on being acquainted with the bereavements was to laugh ferociously and went back to the woods still laughing in this fiendish fashion. Suspicion was attached to this deportment as well as previous criminating facts. Blood hounds were put on his track, but he fled to a dense swamp and here the dogs lost scent of the man and the officers were obliged to give up the search.

On the night of the murder or suicide, Tom Graytower had been with half a dozen other men of his stamp in a bungalo belonging to one of the number, built on land adjoining the Ravenwood estates. He had spent the night drinking and gambling. He did not feel well the forepart of the evening, they said, and expressed a desire to go out for a stroll on the lawn, but was not gone over ten minutes they all attested; they thus established an alibi, as circumstances pointed towards him as a means of Miss Ravenwood's "Taking off."

The coroner, however, was in an office to ascertain causes, rather than their accompanying oddities. The fact of violent death having been established, he cared not to speculate. Had there been more than an iota of suspicious evidence against Tom Graytower, there would have been some cause for further investigation. As it was, there seemed no other course than to consider the case closed.

But if official doubt had ceased to exist, there was at least one mind in which it rankled, and that was the mind of Dr. Hirschkowitz, the family physician.

(To be continued.)

NAN

By Gordon G. Burdick, M. D., Chicago, Illinois

(Continued from Page 121 March Recorder)

LA BELLE.

My plans had begun to mature in such a way that it seemed certain that my old Southern birthday party would be a success.

Colonel Jim had succeeded in getting many of the good things to eat, afforded by the South, as well as many marvelous things to decorate the house. These I had placed in cold storage, and all were in good order for the great event.

Aunt Mary had no suspicion of our intentions, and was becoming more morose and melancholy all the time, and as the time drew near for the event, I began to exercise my ingenuity to devise some means of getting her out of the house long enough to prepare the surprise we had in store for her, but she sidestepped them so skillfully, that I had almost given up in despair when an event happened that not only stirred me into action but helped me with my plans.

I was sitting in my study after a hard day's work, smoking and trying very hard to allow my mind to become blank, when the telephone bell rang violently. For some minutes I did not pay any attention to it, not desiring any further work that particular night, yet so persistent was the annoyance that in self-defence I was compelled to go and see what was wanted.

"Hello, Doc!" said a rough voice that I immediately recognized as one of my former friends in the underworld. "Say! Youse is wanted at Third Ave."

"Sorry," I said, "I am not any too 'pert' this evening; have them get someone else."

"I say, Doc! That don't go this time, she is a friend of ours."

"Well, who is it? I asked impatiently.

"Why, La Belle!" said the voice in an injured tone.

I was conscious of a distinct shock on hearing this name, and my mind ran back rapidly four years when upon a bright sunshiny morning I had my first sight of this wonderful woman.

I had treated for some time a likeable, sunny-tempered young Irishman, who had suffered from an attack of empyema of the pleural cavity. It had been necessary to resect one rib in order to give good drainage, and as it had been a persistent case, the patient and I had become firm friends. I had missed him for several weeks, and had begun to wonder why he had not shown up for his dressings, when one morning he sailed into the office with his hat over one ear, a new suit of clothes on, and holding a cigar in his mouth with the air of a conqueror. His presence was impressive enough, but what puzzled me was his companion, evidently a young girl of refinement and good education, yet on the whole with a wonderful amount of human nature in her make up, and a beauty, well no, not exactly a beauty, but one of those rare striking figures of grace, to which all eyes turn instinctively and follow its every expression and movement.

She was just one of those women to whom you would go for sympathy and help. She was something better and finer than had come into my life at that time, and I stared at her like a big boy, and distinctly ill at ease; and

I was conscious that I had forgotten to black my boots, and had no necktie on, and strange as it may seem, I never had noticed before just what big hands and feet nature had presented me with, and I was in a condition to sympathize with a barefooted boy who always tried to hide his feet by holding one behind him, and by standing on one leg like a duck. However, if I was embarrassed, she was perfectly at home, and gave me a glorious smile when the young scapegrace introduced her as his wife, and came forward and gave me both of her hands, and thanked me for the many kindnesses to her husband; and she hoped to know me better, I reminded her so much of her cousin Tom. He was such a noble young man, so kind, courteous, and true to his weaker sisters. Actually, before I knew it, I had forgotten all about the necktie, and we had struck so many harmonious topics that we were perfectly at home together. I got much of the simple history of her life, and suspected that much of her ideals of mankind, was obtained by watching this unselfish cousin Tom, who had been a father, mother and brother to three girls who had lost their mother in the earlier years of their life, and whose father was so engrossed in making money that he was almost a stranger to own children. The girls were well fed, clothed and according to his code, what more could be expected from a self sacrificing parent.

She had met Jerry, her husband at Saratoga, where he had gone to attend the races. She had fallen in love with his personality, and had married him after a few days' acquaintance. She was sure she had picked the noblest man in the world.

"Well Jerry!" I said when we were alone, "you will have to grow some if you ever get on as high a pedestal as she has placed you! You should be whipped for marrying her."

"Aw, say Doc, cut it out, won't you, and give a fellow a chance. I never had no luck all my life. I have watched the other fellow get the rosy cheeked apple, while I either got the wormy one or the core. This is the only time I got the first pick from the basket, and now say Doc, honest, aint I got one of the old masters? Why old Pierp Morgan aint got money enough to buy it. She is a thoroughbred and every inch a woman. I don't know just how much is in me, but you bet I am going to cut out the irregular life from now on and try and see if I can climb as high as she thinks I belong, so you get busy and fix that cussed lung, and I will go out and hustle for some job, dat's got an honest handout to it at the end of the week. No more horses, booze, or glided tommies for yours truly. I am going to attend night school, and later take up law."

These events which have passed like a dream through my life, recall a heroic struggle of a badly handicapped boy for place and position. I brought pressure to bear, so as to secure a well salaried position under the city government, where the boy threw his whole heart and soul into the work. There were many intense hours of study in the evening where myself, or his wonderful wife, was his preceptor. As the latent possibilities of his brain began to develop he took up public speaking, as one of his accomplishments and later began the study of law at an evening school, and while he was making tremendous progress in mental development. I began to be alarmed at his general condition, and advised rest, but my objections were brushed away with the word that he was feeling fine, and was going to make hay while the sun shone.

He had succeeded in establishing a well furnished home and one little boy had come to make it bright for a few brief months, and had passed away into the great unknown leaving a marked

shadow upon the face of its parents.

I found it necessary at the end of three years to forbid any more night work for a time, and directed that some of his time be devoted to physical culture, and I had hopes that my patient would eventually regain his health, when an untoward event occurred. He was asked to preside at a banquet given his class in college. The room was stifling hot, and he had unwisely eaten largely of protein foods, which owing to personal idiosyncrasies he could not digest. He was taken violently ill with a severe toxemia the next day, which developed later into a lobar pneumonia.

Well, he lived through it, but he never regained his health or ambition, and gradually allowed one article after another to find their way into the pawnshop, while La Belle, his wife, was trying to keep both ends together by sewing by the day. His health failed rapidly, and gradually his wife had to spend more and more time with him, and was endeavoring to make a precarious living by making kitchen aprons at thirty cents a dozen, while waiting upon him.

This condition distressed me greatly, and I collected from his old companions about one hundred dollars, which was placed with the family grocer to insure continued credit. This loquacious individual, however, gave the snap away, and I came in for a very frigid calling down for meddling in her personal affairs. She assured me that she did not need any help, did not want to be under any obligations to anyone, and she wished that I would not concern myself about her material conditions. This was said not unkindly but with a certain fixity of purpose, that showed me the folly of trying to help her.

I contented myself with going to see Jerry when called, and at no other time. His proved to be one of those cases of consumption where the body rapidly wastes away, but the spirit and mind live on. The absolute certainty that he was beyond medical help was apparent to both his wife and myself, and we both sat down waiting for the inevitable to happen, I going occasionally as called to relieve some minor ailment. She struggling in various ways trying to keep shelter over her head, and enough to keep them alive. I saw the magnificent fight against an unjust economic situation, and gently offered my services in getting him a place in some of our institutions, something she at last consented to my doing.

This I expected would be a simple procedure, and although I worked every "drag" and interested many prominent people in my fight, the beds were all too full, or they did not take such cases, and no place except the poor house was in sight.

The whole underworld knew her story, and had admired her grit and pluck, and if she would have said the word, she could have had plenty. As it was, she never appeared on the street, but what she was received with the courtesy of a queen. Hardened brutes, old and young in this world of misery and misfortune removed their hats and stepped aside when she passed, and a smile from her was treasured for many a weary month by the fortunate individual who had received it. She had gradually assumed the position of physician to her sick husband, and I had not been called to see him for some sixteen months. Of course, I knew he was alive from the gossip that reached me at times, the general tenor of which was that she was getting along well, so that this call had startled me, as I was not asked to drop in and see Jerry. But La Belle wanted me. All this history passed through my mind like a flash as I stood at the telephone. I might have been in a brown study for some time, if I had not been aroused by an impatient voice in the telephone, asking me, "Well say, Doc,

what's de matter wid youse, aint you going."

"Why sure," I said hastily, "but where does she live?"

"Back of 433 Third St., and you go in the alley and its five houses down from Taylor. It is over a barn."

"All right, I will go immediately, so good-bye."

While I had made a mental vow to make no further calls that evening, here I found myself dressing with feverish haste to make this one. The night was bitter cold, and I was nearly chilled to the bone before I found the place. The sight that met my eyes was not very reassuring. She was living in a half loft of a barn, with no more protection from the bitter cold than the roof of the structure. No fire was in the place and it was lighted by a candle stuck into a bottle. Lying upon gunny sacks in one corner of the room, was my patient, evidently on the border of the unknown, yet he recognized me and attempted some jolly remark upon his condition. A superficial examination showed me that he did not need my help, but that the living needed it badly. One glance showed me that La Belle had not eaten for several days, and that she was chilled to the bone for lack of a fire. I shook her hand gently and excused myself for a few minutes while I went to Dutch Bob's saloon, and after telling him the story in a few brief words, he cleaned off the free lunch counter for me, and sent his porter over with a pail of coal. We soon had a blazing fire, and I insisted that La Belle eat some of the lunch. I left the porter with her to keep her company, while I drove over to Aunt Mary's.

I pushed the bell and rapped on the door for some time before I aroused any one. This proved to be Nan who said Aunt Mary was away for the night with a sick lady.

"Well," I said, "get into your clothes quickly, this is where you will see some real life. I want you to stay with a lady with a sick husband."

"Oh, goody," she said, and after unfastening the door, scampered off to dress.

I wrote a note and left it on the table in case Aunt Mary returned suddenly, and the two of us started off on our errand of mercy. I gave Nan a short sketch of the situation and cautioned her not to ask any fool questions.

"You need not warn me," she said, "I know lots more than you think I do."

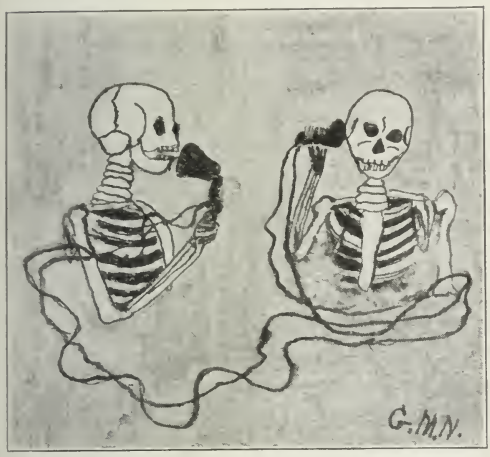
The two women took to each other immediately, and I was astonished at the wonderful tact and patience of the girl, and having fixed matters to the best of my ability I went home to spend a restless night.

(To be continued).

"Linked with Death". Drawn by Grace M. Norris.

THE SKELETON PAPERS

By Grace M. Norris, M. D., South Columbia, New York.



SYNOPSIS.

The supposition is that the parents of two skeletons, neighbors of the same town, migrated during the childhood of the latter, one family to the western part of the continent and the other to the eastern. Both reached their majority and became disciples of Aesculapius, and after years of devotion to the art of Hippocrates, on their demise were interred in the local cemetery of their native village. Their tombs being connected with a telephone line enables them to engage in conversations on various practical subjects. The first paper reported, in The Recorder for November, December and January, a conversation they had on the meeting of the International Medical Congress at Budapest. The second paper, in the February and March numbers, discussed the difficulties of the doctor in a large city.

III—BRITISH MEDICAL ASSOCIATION.

First Skeleton. I chanced to be in Belfast, Ireland, during the time the last meeting of the British Medical Association was in session.

Second Skeleton. Is the British Medical Association an institution exactly similar to the A. M. A?

F. S. Very similar, although it cannot boast of a membership of even half of that of our own. The work of the Association is divided into the various departments of medicine and surgery, each having a president, vice president and secretary. There are council meetings, joint meetings, social gatherings, banquets and receptions very like our own, although conducted with a little more formality and eclat, and at the evening function, the wearing of academic dress, regalia, and uniform is strictly the order. There are represented at this meeting doctors from every colony allied to the British Throne and I found at my elbow, men from the uttermost parts of the earth, who evidently planned to attend the conclave for six months ahead, and spend the other six months of the year in reminiscences of the meeting and in the digestion and assimilation of the mental food dished up.

S. S. This affords one a rare opportunity, for within the short space of a week one could see and meet the very flower of the English profession.

F. S. A number of foreign guests were present, among whom were the following: Prof. Brodet, Pasteur Institute, Brussels; Prof. Calmette, Pasteur Institute, Lille; Dr. Delevan, New York; Dr. DePage, Brussels; Dr. Delsaux, Brussels; Prof. Fuchs, Vienna; Prof. R. Greef, Berlin; Dr. C. Jacobs, Brussels; Prof. Sanfelice, Maples; Prof. Sonnen Berg, Berlin; and Dr. Wickham, Reduit Institute, Paris.

S. S. Were the colonial branches represented?

F. S. The delegates were: Bombay Branch, Capt. E. F. Gordon-Tucker; Burmah Branch, Major N. P. Lalor; British Guiana Branch, Dr. R. Carter; Colombo and Ceylon Branch, Dr. H. G. Thomasz; Gibraltar Branch, Dr. A. W. Dowling and Maj. Howell; Hong Kong and China Branch, Dr. J. H. Sanders; Melbourne and Vistoria Branch, Dr. A. V. M. Anderson, Dr. R. J. Bull, Dr. G. C. Mackay Mathison, Dr. G. A. Syme; Natal Branch, Dr. J. Hyslop, Dr. D. Campbell Watt; New Zealand Branch, Drs. Collins, Izard, Jarvis, McLean, Morice and Unwin; South Australia, Dr.

Melville Jay and Dr. M. J. Symons; South India and Madras Branch, Surg. Gen. Benson; Sydney and New South Wales, Dr. Richard Arthur and Dr. O. Maher; Toronto Branch, Prof. Irving H. Cameron and Prof. R. H. Reeve; Transvaal Branch, Dr. G. Michie; West Australia Branch, Dr. Ashton.

S. S. With all this array of talent sprinkled among the cream and substance of the British Medical profession there in attendance, it is no wonder that the program is full and the meetings largely attended.

F. S. Belfast is the commercial capital of Ireland, and is a modern industrial center, with beautiful public buildings, good streets and street car service, good hotels, and a splendid university where the meetings were held.

S. S. In what session did you spend your time?

F. S. The ophthalmic session. It was presided over by Dr. J. W. Browne, of Belfast. Dr. Browne had, I judge, been an active practitioner for a half century, and in his address he indulged in reminiscences to show what had been accomplished in ophthalmology in his time. His teachers, Jonathan Hutchinson, Critchett and others, all practiced general surgery in their day, and he practiced general medicine and surgery.

S. S. He is perhaps what one would call "an old fashioned doctor."

F. S. Yes, and he possesses the gracious bearing, the sound sense and the good ripe judgment, which characterize these gentlemen of the old school, who are becoming rather scarce nowadays. He closed his address by recommending such antiquated lines of treatment for inflammatory ocular affections as artificial leech, tartar emetic and seton on the temple.

S. S. This sounds like the expiring appeal of the last guardian of the old regime.

F. S. But it was inspiring to see a man loyal to the death of the faith by which he had lived.

S. S. Yes, indeed.

F. S. Dr. Freeland Fergus, of Glasgow, presented a paper on "Eye Injuries in Relation to the Workmen's Compensation Act," and mostly took the side of the employer, arguing that in spite of the fact that the individual who has lost one eye in the factory, can do as good work as ever with his remaining eye, the employers are expected to pay large sums in compensation. He said that there were very few occupations which a man with only one eye could not follow. Dr. Cecil Shaw, of Belfast, presented the same arguments, and cited four cases of motormen and chauffeurs, each of whom to his knowledge had lost one eye and "continued to run their machines about as well as ever."

S. S. He did not mention what would happen if the man were to get a flying cinder in his remaining eye while at full speed.

F. S. No, he argued that insurance would be proportioned to the man's wages and should be paid only during the man's disability. It seems that the manufacturing companies have been greatly imposed on by employees who, having been stricken while at work with any disease, ailment or injury, can under the existing law compell the company to pay half their wages, or something like it as long as they live, and are unable or claim they are unable to work. Brailey, of Havre, thought a preliminary examination should be required of all men about to accept a position with any firm and a clear statement made of the conditions of the man's eyes at such a time.

S. S. I dare say there were adverse opinions.

F. S. Bishop Harmon did not agree with the expressed views that a man with only one eye is not handicapped.

He thought the loss of the field of vision alone on the affected side a serious drawback, and while there were many strabismic persons and others affected with one damaged eye, they retained a field on the affected side, which a man who has completely lost his eye does not employ. He thinks, however that owing to the interference and trouble from pettifogging lawyers that all cases of injury should be submitted to an arbitrary committee who will judge the merits of the case and dispose once and for all of the question of costs. Greene, of Norwich, said it is not a question of the injured man being able to do so much as a question of his getting employment again when thrown out of work.

S. S. That sounds like good sense.

F. S. Yes, for it was previously recommended by most of the speakers, there should be medical inspection of men seeking employment.

S. S. And the unfortunate candidate who had lost one eye could never again get employment, for who would hire a man to engage at a dangerous occupation, if he had only one eye; and then as a consequence he would be thrown out on a merciless world to shift as best he could.

F. S. In the remarks made I heard no mention of the shocking effect on the community which a one-eyed person causes. It seems that cosmetics in their country count for very little, and it is no wonder as you can judge for yourself when you come in contact with the "toiling classes" in foreign factories. I had never seen so many cases of crosseye, sore eyes, blind eyes and no eyes as I came across in my short stay in that country. Dr. Taylor, of Norwich, thought the loss of one eye quite a serious matter to one who plays at billiards or pool, and cited the instance of an old friend of his who used to beat at pool, but said that though he had lost one of his eyes through disease, he now can beat with one.

S. S. I dare say there were contrary views to this.

F. S. Dr. Fergus, of Glasgow, squelched that sentiment by saying he had a case where a man who was an indifferent bowler before he lost one of his eyes, but who became a champion bowler after that luckless accident. Prof. Fuchs, of Vienna, said the question was an economic one, and had to be met and dealt with. In Germany and Australia there is no recompense to be expected by an injured man from his employer. All had to pay a certain per cent of their wages into a common fund and this was sent to compensate injured men as the committee deemed fair and as per schedule.

S. S. Was the question settled at last?

F. S. No, the pro and con arguments extended for an hour or two, and no decision was reached. It reminded me of some of the scientific meetings I had attended in this country.

S. S. It appears to me that the preponderance of opinion was against the laboring classes.

F. S. Exactly. There was not a word that I heard in favor of legislating factory employers to safeguard their men against injury by the installation of protecting screens, guards and devices for the safety of their workmen.

S. S. The conditions are deplorable.

F. S. Sir Victor Horstley lectured on "Optic Neuritis" and gave a lantern demonstration of the appearance of the fundus oculi in the type of cases suitable for his decompression operation. He thought the term suggested by De Schweinitz "Papillo-Edema" a much better one to use in connection with this type of trouble (indicative of intracranial pressure) than the usual one "Optic Papillitis" or "Optic Neuritis." Papillatoma is not a true inflammation but a hypertension phenomenon within

the sheath of the optic nerve extending down from the brain and he made the statement "opening of the subdural space will relieve that form of trouble." The symptoms are quite constantly present in cases of cerebal tension. Six hundred cases were carefully studied by him and his confreres in Queen's Hospital, London and the symptoms found in from 85 to 95 per cent of them. He presented the statistics of eighteen of the cases related at random, in all but possibly one of which the site of the neoplasm was localized by the ophthalmoscope. The rule he operates by is to operate on the side corresponding to the eye showing the most pronounced or the farthest advanced changes in the optic disk. His paper was rather severely criticised by one speaker, who disclaimed the truth of Horstley's teaching that it was impossible to localize the lesion by the most expert ophthalmoscopic examination. Dr. Paton, who studied the cases of Queen's Hospital, for Sir Victor, concurred in his (Horstley's) opinion and threw the sentiment of the meeting on Horstley's side. I heard someone ask Paton afterward when dining with him if the vision was ever spared and the patients lived to be useful and happy and free from any trouble, and he replied: "Oh, yes," but I do not yet see how osteoplastic operations with the opening of the dura, will cure a tumor of the brain, unless the tumor be removed, which is quite another operation I take it, from the decompression operation of Horstley.

S. S. It occurs to me that this operation is to be classified with other operations such as laryngectmy for carcinoma or gastrostomy for cancer of the oesophagus, which certainly do prolong the man's life for awhile, if it does not add to his usefulness and happiness in the community. But as these things are to be encouraged for the sake of progress and the hope of better things, let us paraphrase by saying, "on with the decompression, let cerebrospinal fluid be unconfined."

F .S. The rest of the morning was taken up by papers on "Sarcoma of the Choroid," by Dr. Hinshel Wood, of Glasgow; "The Relationship of Asthenopia with Adenoids," by Killen, of Belfast; "Acute Orbital Periostitis Consequent on Dental Diseases," by Bishop Harmon, in which he proved by actual cases that the burrowing pus from pyorrhea alveolaris travelled under the periosteum and the tear sac (under and behind it) and also to the orbit itself, causing orbital abscesses, exophthalmos, etc: "Visual Acuteness among School Children," by Dr. Pollock, of Glasgow. This concluded the first day's scientific program.

(To be continued).

SYMBOLS OF MEDICINE.

Drawn by Grace M. Norris, M. D.

The Cock was sacred to Esculapius the heathen god of Medicine and was one of his symbols.

DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE VALUE OF THE X-RAY.

I feel like some one ought to "speak up in meetin'" in defense of the X-ray, in reply to Dr. Blackwood's article in the February Recorder. I have for a long time thought that a vigorous campaign should be inaugurated to educate the general practitioner concerning the uses of the X-ray, because there are a number of conditions that can be better treated by it than by any other method. When a physician like Doctor Blackwood, who presumes to know the value of the X-ray as a therapeutic agent, comes forward and states that he has failed to get any therapeutic results from its use, the average reader who has had no experience with it will take it for granted that there is nothing in it and many of his patients may, as a result of this decision, go through life with some unpleasant condition that may as well have been cured.

I have used the X-ray daily for the last seven or eight years. In fact I have used it several times daily and I must say that I have gotten excellent results from its use. I have cured hundreds of cases of eczema and psoriasis that I am sure I could not have cured in any other way, at least other physicians had tried about every thing under the sun without success. I know positively that the results were due to the use of X-ray, for in many of them I used no other treatment. I have never found a case of psoriasis that would not yield to the X-ray, though in many instances it has returned or would return if allowed to do so. Many of the cases were easily and permanently cured. Chronic eczemas have yielded almost as readily as psoriasis. Some cases of acne that resist all other treatment will yield very readily to the X-ray. As a rule, a skin disease that itches will improve under X-ray treatments. I have cured old cases of sycosis that were deeply seated in the roots of the beard and could not be cured by medical treatment. I have cured any number of tubercular glands, joints, and bones, and have cured a number of cases of pulmonary tuberculosis in which I believe the X-ray played the most important part in the treatment. I have made a signal success of curing old long-standing cases of suppurating otitis media, also frontal sinus disease. While speaking of skin diseases I forgot to say that I have cured lupus and epithelioma with the X-ray. I recently used it on a man whom several physicians said had a tumer of the brain with very gratifying results. He had typical symptoms of tumor including impairment of speech and excruciating pains in the head. All symptoms began to improve immediately under use of the X-ray, pain in head ceased at once. The man is still under treatment. I could mention many interesting cases treated by the use of X-rays and I do not think a physician who makes a business of treating chronic diseases can afford to do without it.

On the other hand I do not think he can afford to use it without knowing more about it than the average physician, who buys a machine and attempts to use it without even so much as a text book on the subject. The average physician has only one tube and does not know a high tube from a low one, and he treats every thing about alike with this one tube. The treatment will hit some of the cases but not all of them.

I have a dozen tubes and use the one I think best suited to the case in hand. I do not advocate the indiscriminate and haphazard use of the X-ray. I think the doctor who is going to use it had better get reliable instruction in the use of it, before he buys a machine. He will then know better what and what not to buy. I would advise a doctor expecting to do much work to buy the best machine he can get and to have an ampere and a milliamperemeter on it so that he will know what he is doing.

The doctor who is not well acquainted with his machine is liable to do great harm, and even the best operators can not be too careful. I would say in all cases be conservative and be safe. The same in just as true of many poisonous drugs in common use. I have used the X-ray perhaps fifteen thousand times and I think as much of it as I ever did. I would not do without it. In fact just bought my fourth machine.

I am doing an extensive electro-therapeutic practice, treating twenty to thirty patients a day and would give the right man instructions in return for his services.

H. O. Wells, M. D.

Fort Wayne, Ind.

MEDICAL THOUGHTS, FACTS, FANCIES AND FOIBLES.

Dominion Medical Registration is evidently, but slowly being encouraged and advanced—as the workers are few, and as all great or national movements are agitated by the minorities, it remains, as a rule, for them to bring to satisfactory conclusions the blessings that, such as this, will consolidate the profession throughout our vast and newly formed provinces in our great North Western regions of fertility. As regards the necessary expenditures and delays required by one—however qualified—to obtain the medical licenses of each of our provinces, it has been said that if the candidate desired them, he would be required to pay more than six hundred dollars, and devote at least one or more years to the examinations.

Osteopathy has dared to ask for incorporation from our Provincial parliament, but it is considered that the intelligence of our legislators will denounce such a bold appeal, for not only in this—the Province of Ontario, but in each of our provinces the profession of medicine is highly respected, and our medical colleges—all connected with universities—will not, nor will their graduates countenance the licensing of any modern and delusive cults in medicine, for, if osteopathy were allowed an existence, chiropractics, christian science, vitapathy, psycho-therapeutics (which has many virtues), Weltmerism and other popular delusions and madnesses would clamor for legislation, in fact, would not be silenced, until legalized and chairs in our National and other venerable universities, be established—and finally, our profession be invaded by these iconoclasts who would want to practice medicine and disgrace our profession. We want, that is, the whole profession, is in great need of workers, leaders, who will denounce the baseness of modern medical cults, whose promulgators, fakers, shallow reasoners, and fly-by-night schemers are disgracing medicine and defrauding the public.

For the want of unity of and among the licentiates of several states, osteopathy was allowed an existence yes, while the profession—lacking leaders and organization was indifferent and its members recognized as "easy marks"—many M. D's. awakened to find their respectability more or less assailed and even brought low in the estimation of unwashed humanity. I, (as one who has been in active practice for forty one years—and my sign—newly painted, is on my office door.) am of the opinion that our medical jouranls should have

more papers or articles referring to purely professional interests and less space given to the publication of the merits of new drugs—remarkable "cures" of pneumonia, typhoid and other well defined troubles, with whose treatment every doctor is familiar. Had our profession been timely warned of the prospective invasion by osteopaths, neither it nor chiropractics would as now have been in evidence in Iowa—(in which state for five years I was in practice). You, in the U. S. are subjected more than we are, to fakirism, for we Canadians number only seven or eight million, and are fair copyists, yet we honor, more than you, the three professions, recognized as learned and such embrace: Law, Divinity and Medicine. The prostitution of the title Doctor to dentists had its origin in the U. S. and its disgrace has culminated in being the possession of veterinaries—who self style themselves doctors—although no college or university in Canada bestows the doctorate to them, we have the Doct. Opth.—and the Doct. Osteo. but no university or college in Canada exists and we hope, will ever exist which will ever bestow such meretricious degrees. "Honorable" and "Colonel" with you, signify nothing, but with us, the first named is kept with all respect by those who honorably deserve it. The last named (Colonel) unfortunately for the respect we have for real and genuine military men, is becoming as common a salutation as prevails in the southern states.

This is an age of iconoclasts, fakirs and of those, whose mission, apparently is to tear down and break down all that is good and honorable; hence religion and medicine are assailed and numerous instances are there where clergymen have disgraced their church by promulgation of unorthodox views, equally so, could be named a few in medicine who have not been true to their vows—and fakirism has been encouraged by their insane words. It were better that for these transgressors—these blasphemers, that a mill stone around the neck of each one were placed.

"Nan" by Dr. Burdick, is not only classically written, but enlightens the thousands of readers of The Recorder, who knew not the depths of misery and hidden places of inquity wherein white slaves live and are conducive and encouraging to vice—while enriching themselves, and breaking the laws of the land.

Especially interesting to me are these true illustrations, for I, in 1869, the year of my graduation was in practice in Chicago, my residence 893 West Lake St. and although in active practice, I acted as reporter for The Inter-Ocean and the dives and their inmates, and all their doings and the life history of each slave were well studied and known by me. I could entitle a paper "Minnie" and write a dozen chapters, but her life in many respects was that of Charlotte Temple—whose history you have read. I knew her in Toronto as the only daughter of a wealthy clergyman, then I knew her as a first class inmate of one of the dives medical students frequented. I found her in 1869 by accident in Madame B—S, mansion of prostitutes, Dearborn St. Although of a salacious age, yet I had a desire to lift up the fallen and encourage them to better lives—such I did in many instances, but space forbids me the opportunity and time to narrate the struggles innumerable, the transgressions and the very few successes. Dr. Burdick, in more recent times tells us that with the growth of Chicago, its sins and its white slavery are keeping pace.

Our very talented and versatile sister in medicine—Dr. Grace M. Norris—not only is honoring herself but the literature of our profession in a manner peculiarly her own, and very pleasing and profitable to us—old or young. I commend her efforts and forsee her brilliant future

as a writer, wherein she will honor our journals in preference to the papers or publications not medical—which, although they may please the dear and ignorant housewife—are injurious to the well being or welfare of medicine. No! Dr. Norris is true to her profession, and she is decidedly feminine and chaste in words—and as such, I praise her, equally as well as I do for the brilliancy and originality of her pleasing and highly instructive sketches. We can term her, and with honor to ourselves and wives, as "our dear sister"—and as one of the few (M.D's.) of her sex, who say, and do wise things. Her sketches are in evidence of her manifest literary and medical abilities.

The Great Virchow said: "Physicians are the natural attorneys of the poor and all social problems by them are to be solved." Thus Dr. Burdick is a clever worker and missionary in the field, which invites others of our profession to duty. My belief is, and ever has been, that the doctor is to be a greater worker for the advancement of civilization—the silencing of superstition, and the first promoter of all good and great interests for the betterment of men, even a greater and stronger factor at work than the clergyman can or will become, for he is better educated, he is more of a masculine man and he knows no one church—and is the treasurer of six moral senses,—"Duty, Responsibility, Kindness, Manual Skill, Beauty and Sociability"—and best of all he has a love for humanity. I may add that Dr. Cathelin in "Revue de Mois" fully describes these virtues, and "Review of Reviews" makes a copy of recent date.

James S. Sprague, M. D., C. M.
Perth, Ont.

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Equal parts of Hoffmann's anodyne and oil of cajuput in 5 to 7 drop dose in a teaspoonful of hot water, every fifteen minutes is specific for infant's colic.—J. A. Burnett, M. D.

THE COAL TAR PRODUCTS

After the perusal of the article by Dr. J. R. Etter, in the Feb., 1910, Medical Recorder, we are impelled to contribute our impressions on the pamphlet of Dr. Uriel S. Boone, that called out the criticism of Dr. Etter.

We must admit to have read the little brochure on the toxic and habit forming properties of these medicines of proprietary make with pleasure and profit, never conceiving the commercial preponderance of evidence that might be adduced therefrom, as the author exploited no pharmacal house or trust.

The application of remedies to cure disease must of necessity undergo the same evolution as do the pathology and more perfect details of operative and clinical procedure. The literature of the large drug houses in introducing new principles or chemical compounds has always been to us, an incentive to confirm by investigation along the line of systematic treatises of materia medica, the principles of truth or fallacy to their claims; and to tentatively confirm the therapeutic value of the same clinically. We should feel that to be handicapped by being restricted to the formulae of a school or esoteric circle of authorities, would inhibit the true application of the principles of the healing art.

It will be accepted we presume that all of the pharmacal houses (whose demonstrations in physiological chemistry go hand in hand with our physiological laboratories), list all of these coal tar products, refined in their combinations with adjuvants, correctives and bases, as elegant and effective therapeutically as is their literature profound in materia medica, and aesthetic artistically. To discredit the productions of these sources of supply and reliability for our medicines, would hardly display wisdom on the part of the physician skilled in clinical practice.

We recall the instance of a young student of medicine who was advised by a friend, a professor in a homeopathic school as follows:—"As you begin the study of medicine in the allopathic or the regular school so called, please do one thing and avoid exposing yourself to ridicule and contumely, viz., never talk of homeopathy until you have studied it and know something about it." The trouble with physicians and their use of the coal tar products is, that they condemn its use without having investigated its merits, on the adverse endorsement of others. It passes without remark that aconitine, atropine and the alkaloids are all poisons, used without judgment or understanding; yet administered in small doses, frequently repeated to effect, they become the most potent and reliable of drugs.

The coal tar products we have found after a use of them for over fifteen years, to be safe, effective remedial agents. We have seen only one case of habitual use of acetanilid, a poor cyanotic, depressed drug fiend; its toxic action has been witnessed a number of times in a mild degree, barring idiosyncrasy, but never when administered with care and foresight.

They require a cardiac corrective, and necessitate close surveillance while being administered; but so do all medicinal agents having toxic or cumulative actions.

That the venders of headache powders have brought opprobrium upon the medicines, is no more paradoxical than the fact that morphine and cocaine have become a radical danger, at home and abroad, through ineffective administration of the law, which provides against the indiscriminate sale of poisons.

We are impressed that Dr. Uriel S. Boone's endeavor was all along the line of true therapeutic investigation, and with deference to Dr. Etter's criticism, we believe that the pamphlet was instigated with motives altruistic and scientific—not mercenary or commercial.

DRS. PENNEBAKER AND TRIPP.
Harrodsburg, Kentucky.

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MORE ABOUT DISPENSING

In the March issue of The Wisconsin Medical Recorder, I took occasion to discuss some of the points of difference between the ideas of the N. A. R. D. and the doctor. After having forwarded this copy to our Editor, I read Dr. De Armand's remarks in the February number of the Recorder, and it occured to me that I had overlooked some very salient points in my discussion. Dr. De Armand calls attention to the mode of procedure taken by Fairchild to unearth fraud in the filling of prescriptions with other than Fairchild products, even when these were specified. If the Doctor had had a wide experience, covering a large portion of the country, he would have found that not only were pepsin substitutes employed by those who were believed to be reputable druggists, but that a very large percentage of proprietaries were handled likewise. I am not contending that the originals are any better, or any worse for that matter, than are the substitutes, but there is a liability to a difference in the formula, as it is a well known, and recognized fact, that organic mixtures cannot be analyzed and their component parts determined absolutely. A great many of the proprietaries do not give the absolute proportions of their component parts and the manufacture of substitutes is largely a matter of guesswork, smell, taste and sight playing a large part in such composition. It being a known fact that some, although I am happy to say not all, druggists are prone to substitute, there is a reason why the doctor should dispense his own drugs and it is a

reason which cannot be overlooked. The N. A. R. D. by forcing the doctor to prescribe and not dispense, is endeavoring to kill two birds with one stone. This organization is endeavoring to oblige the doctor to employ only U. S. P. and N. F. products, regardless of the efficacy of other agents and in fact would make it criminal for him to do otherwise, but it does not promise to handle the high grade articles of this sort made by manufacturers who are equipped to turn out absolutely finished products, in fact, the organization seems desirous of destroying the business of such manufacturers, be they makers of proprietaries or only U. S. P. and N. P. and N. F. products, and at the same time to force the doctor to employ goods of their own manufacture or cheap substitutes of reputable and effective proprietaries.

The druggist, and some doctors for that matter, seem to think that it is impossible for any doctor to dispense his remedies and give his patient proper attention at the some time. I have given this matter considerable study and I cannot, for the life of me, see wherein there is any difference between writing a prescription or dispensing the necessary remedies. In either case, in order to obtain results, the doctor is obliged to take into consideration all of the conditions manifested before he is able to apply his remedial agents. The dispenser is obliged to make his diagnosis as thoroughly as is the prescriber. After having made his examination and determined his diagnosis and line of treatment, the dispenser applies his remedies at once while the prescriber writes his directions for the agents desired. Wherein lies the difference? Is one procedure more or less scientific than the other? I think not. The patient of the dispenser obtains attention in much less time than does the one of the prescriber, and not infrequently is this a matter of great importance. The dispenser is given a case wherein there is pyrexia and applies his aconitine or antipyretic at once, and not infrequently is it the case that he has gotten results in less time than would have been taken to have gotten the prescription filled and returned from the druggist, or he may have found his patient suffering intensely and applied hyoscyamine with results unobtainable for a considerable length of time had he written a prescription and waited for its return. Given a patient in collapse with cold clammy skin, pin point pupils and other symptoms requiring immediate attention, the dispenser with his atropine at hand obtains immediate results and brings his patient to normal in the time that it would take to have a prescription filled. The dispenser is in a position to overcome hemmorrhages with the agents at hand.

It has been said that the doctor has no business dispensing because of the fact that he does not understand pharmacy. I would ask how much pharmacy the average druggist has to know in these days when the manufacturing pharmacist furnishes him with ready-made pharmaceuticals? He is handed a prescription for a syrup, an elixir, or a tablet and no skill is required to follow the directions. The doctor needs know no more pharmacy, than does the druggist to fill his own prescriptions from such goods, so what matters it whether the doctor dispenses or writes prescriptions for the same class of agents? But the average doctor does know something about pharmacy, probably much more than does the average druggist who will treat any sort of disease over his counter, does of physiology or pathology. Of course the druggist may know the application of drugs to diseased conditions, in so far as the drug action itself is concerned, but is he sufficiently versed in morbid anatomy and diagnosis to enable him to apply

such drugs properly in every case? If the druggist is in a position to treat disease, why is the doctor of medicine obliged to spend from four to six years perfecting himself in his chosen profession and why is he obliged, by the state, to obtain a license before entering practice? Hardly a week passes, but what we do not see chronicled that some doctor has been arrested for practising without such license, but how frequently do we read of a druggist being arrested for a like offense, and still the druggist insists that the doctor come at his bidding.

The druggist says that the doctor obtains more out of the average case in the way of remuneration, than he does. Is this no more than right. The responsibility, other than the proper filling of the prescription all lies with the doctor, and it is upon him that falls the blame, even of the inactivity of inferior drugs. The druggist does not depend wholly upon the income from his prescription case for a livelihood, and in the majority of cases, his income is far larger than is that of the doctor whom he would subjugate.

Dr. De Armand takes up this question from the standpoint of a legislator and tells what has happened in his state. The same has probably been true in every state in the Union and the drug interests have taken this matter to the central seat of government and endeavored to make it a matter of interstate commerce. At the last session of Congress, Mann of Illinois introduced a bill, which if passed, would have rendered the doctor unable to have obtained certain remedies, but for very good reasons it failed of passing. At the present congressional session, Mr. Mann has introduced a like bill, but which is modified to some extent and which allows the doctor like privileges with the druggist, and while it will interfere to some extent with the doctor obtaining certain supplies, it does not force him to write prescriptions for every article of this sort required, as would have been the case had the original bill passed. The original bill, had it become an active statute, would have been a matter of class legislation of the worst type, and would have undoubtedly have been declared unconstitutional, because of its interference with certain rights and privileges.

The druggist himself, is largely to blame for the existing conditions. He has placed himself in a position wherein the doctor has lost faith in him. He has shown time and again that he will not play fair. I have had druggist after druggist tell me that they thought it perfectly proper to prescribe remedies over their counters basing this upon the idea that the patient would not go to a doctor and that someone should "get the money." The sole idea of the average druggist seems to be "to get the money," "honestly if possible, but get it." With hardly an exception, every druggist has a nostrum of his own, which like the patent medicine, is a panacea, and he will make every endeavor to prescribe this whenever opportunity offers. I have even heard a few druggists tell the patient that they considered some preparation of their own superior to the prescription of the doctor, which had been handed in to be filled.

Far be it from me to say that all druggists are of the class above mentioned, but unless a doctor knows just where his prescription is going to be filled, he is not assured that it will be filled as written, or that he will obtain desired results, if substitution is practised.

Compulsory prescription writing might be of avail in the crowded East, where towns are close together, but in the West, where the doctor drives from twenty to two hundred miles to make his calls, it would frequently be the case that bad resules would follow were he

to have to write prescriptions for every drug he employed. In my own case for instance, the nearest ranch house is some twenty miles from town and when called there, I not infrequently stay overnight and sometimes for days. The nearest prescription pharmacy is sixty miles from this ranch and in several instances, had I been obliged to have waited for my remedies I would have seen serious results. The next ranch is thirty-eight miles from town, or about eighty miles from a drug store. Consequently it is evident that any legislation toward compulsory prescription writing, if applied in this section of Nevada, would work a hardship, not only upon the doctor, but a much severer one upon the patient.

I believe in giving everyone a square and fair deal and I do not think that that doctor should be made subserviant to the druggist, any more than the rancher should be made subserviant to the grocer. The doctor understands the condtions with which he meets, and the remedies which should be applied to meet such conditions and is as able to fill his own prescriptions as is the average druggist.

George L. Servoss, M. D.
Fairview, Nevada.

PRESCRIPTIONS FOR COUGH

Recently I wrote a number of physicians for their favorite prescription for the ordinary coughs and received the following which are very interesting.

Dr. J. W. Armistead, of Sidon, Miss., wrote:

You will find enclosed No. 1 and 2 ℞'s which I use for coughs. I do not think No. 2 is good unless No. 1 is given.

No. 1 Calomel
Pul colocynth com.....aa gr.x
Sod. bicarb. .....gr iv
M. ft. cap. No. 4.
Sig. one every two houre.

No. 2 ℞
Ammo. carb. .....gr. xl
Syr. squills .....ʒjss
Codeine sulph. .....gr. iv
Syr. simp. .....ʒj
Aqua q. s. .....ʒiv

Sig. dose one teaspoonful every three hours.

Dr. C. C. Hersman, of Pittsburg, Pa., wrote as follows:

I can't say that I have a favorite prescription for coughs as different kinds of coughs require different kinds of remedies. Ordinarily as a favorite prescription this would be a good formula:

℞
Ammo carb. .....ʒj
Fld. ext. belladonna .....M. v
Paragoric .....ʒiv
Syr. scillae co. .....ʒiv
Syr. tolot. q. s. .....ʒij

Sig. dose one teaspoonful every two or three hours in water.

Dr. L. B. Banchill, of Thomasville, Ga., wrote:

Compound syrup of white pine with heroin, heroin tablets gr. 1-12, glycerine tonic comp.. etc.

Dr. O. F. Kemkel, of Bradford, Pa., supt. of the Bon Air Sanitarium for the treatment of tuberculosis wrote:

My opinion is that you will find a valuable treatment for colds in the administration of a course of calomel in fractional doses, followed by saline. An excellent formula for an expectorant in a severe bronchitis is the following:

℞
Muriate of ammonia .....ʒiv
Pancreatin .....ʒiij
Arom. spts. ammonia .....ʒj
Elix calisaya q. s. ad .....ʒvj

or the ordinary bronchitis tablets consisting of:

℞
Tinct. aconite .....m. 1-5
Tinct. bryonia .....m. 1-10

(Continued on page 182)

RUNDSCHAU

By H. SPEIER, M. D.
Minneapolis, Minn.

THE PHYSIOLOGY OF SHOCK.

For more than a generation surgical shock has been studied by competent men and many theories have been advanced for its explanation. But it must be confessed that we are still in the dark and that the problem of the real nature of shock is still to be solved. The dominant conception of the present day is associated with the name and work of Crile of Cleveland, whose experimental researches extended over many years. Previously, summing up the observations made during our civil war, W. W. Keen, assisted by Weir Mitchell and George Morehouse, had arrived at similar conclusions.

The theory of Crile and his followers is that vasomotor exhaustion is the primary cause of shock. Of other theories it is enough to mention the one of Boise that cardiac exhaustion is the primary cause, that of Howell that both cardiac and vascular exhaustion must be considered. These three theories are not really conflicting. Blood pressure is always low in a pronounced case of shock. That is so well recognized that observes always express the degree of shock in terms of manometric pressure. But it is a matter of dispute, whether the peripheral blood-vessels are contracted or dilated. Crile argues that, consequent to vasomotor exhaustion, the peripheral vascular system is paralytic and therefore relaxed. Is this true? Malcolm of London (Lancet 1905) takes a different view and presents a strong argument. If the theory of vasomotor exhaustion is correct, he says, then the network of smaller peripheral arterioles, being cut off from central control, must be relaxed. This relaxation should result in an over-filling of the vessels, but, as a matter of fact, all clinical evidence speaks against such an over-filling; the body surface is cold and pale, the mucous membranes are anemic, incisions made during the state of shock are almost bloodless, the radial pulse is often small to the degree of being impalpable, tho application of surface warmth tends to lessen the symptoms of shock, despite the fact that warmth usually relaxes vessels. He concludes therefore that the peripheral vascular system is contracted in shock.

The problem cannot be solved by inductive reasoning alone, direct observations are needed. To supply these two St. Louis physicians, M. G. Seelig and E. P. Lyon, have carried on a series of experiments on dogs. The exact technic they employed is immaterial. They established the rate of flow of blood from the femoral vein under normal condition, again when the vasomotor nerve control was cut off, and later, when a state of shock had been induced. They observed with care the changes in the calibre of the fundus of the eye under these same varying conditions, this being the only situation in which vessels can be studied in situ without first being submitted to a trauma. They give it as a result of their observations that during shock the peripheral vessels are contracted. This came out particularly clear in the study of the retinal vessels. In one case, where the dog died without recovering from the shock, the contraction persisted to the time of death, in the other the retinal vessels were contracted so tightly as to resemble mere strands. They were reminded by this observation of two cases in which by this observation of two cases in which sudden blindness

occured during shock, lasting several hours, then passing off without leaving any demonstrable eye changes or disturbances of vision. Such an occurrence might be explained as being due to a sudden acute anemia of the retina caused by strong contraction of the retinal vessels.

These experiments are too limited in scope and number to base on them a new theory of shock. They indicate, however, that the last word has not been spoken, that the problem is not solved and that perhaps before long the doctrine that shock is due to vasomotor exhaustion must be revised.

DIAGNOSIS OF CANCER.

There is some reason to believe that laboratory research has at last led to the finding of a reliable diagnosis for cancer in the early stage in advance of the development of those typical symptoms whose advent means that the period for successful surgical operation is past. In the Am. Jour. of Medic. Science for February, Elasburg, Neuhof and Geist report the results of studies of 432 patients injected with human red blood cells for the purpose of diagnosing carcinoma. In all 684 injections were given. The foundation for their work lies in the fact that in the growth and breaking down of malignant tumors, poisons are set free that, acting as lysins upon the red cells, cause anemia and cachexia characteristic of this disease.

They injected the washed red blood cells of a normal human being beneath the skin of an individual in whom carcinoma was suspected. In obtaining the red blood cells an individual is chosen who is free from tuberculosis or syphilis and who has not been recently ill or undergone an operation or injury. Under proper aseptic precautions 5 to 10 c.c. of blood is aspirated from a vein in the arm. This is defibrinated and washed and may be kept as a 20 per cent solution for several days.

In making the injection a hypodermic syringe, previously boiled in normal saline and cooled, is filled with a 20 per cent solution. A spot on the interior surface of the arm of the suspected person is rendered aseptic and 5 minims of the solution injected in a spot free from veins and in an upward direction. Care should be taken to have the needle beneath the skin and not through it. The reaction usually begins in from two to five hours and reaches its height in six to eight hours. When fully developed it appears in a somewhat irregular oval area with a well defined margin, measuring from one by two to three by five cm. The margin is often surrounded by a whitish areola. The color of the lesion varies from a brownish red to a maroon, with rarely a bluish tinge. It is distinctly raised from the surrounding skin surface. It usually disappears in from six to twelve hours, but leaves behind a flat yellowish or greenish discoloration.

Four classes of patients were injected. Patients known to have carcinoma, patients in whom absence of carcinoma was positive, but in whom other disease was known to be present; patients in whom carcinoma was suspected, and finally patients with advanced carcinoma. 89-97 per cent in whom the skin reaction was positive were proven to be suffering from carcinoma; 94.37 per cent in whom the skin reaction was negative were found to be free from carcinoma; in advanced carcinoma no reaction resulted.

This test, if verified by further observation may eventually take rank with the tuberculosis test.

TO REMOVE WARTS

℞ Sulphur .....ʒx
Glycerin .....ʒxxv
Glacial acetic acid .....ʒv

M. Sig. Apply to the wart daily, shake before using.—J. A. Burnett, M. D.

THE WISCONSIN MEDICAL RECORDER

J. P. THORNE, M. D.
EDITOR
Janesville, Wis.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

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VOL. 13 APRIL, 1910 No. 4

A MERRY WAR

What Sir Lucius O'Trigger would pronounce a very pretty fight is developing between the rulers of the A. M. A. and those of the drug trade. The A. M. A. Journal asserted that the N. A. R. D. had entered into a most objectionable scheme; that while it was with one hand soothing the doctor into a hypnotic state, it was reaching out with the other to gather in the profits accruing to the nostrum business. Under the name of the American Druggists Syndicate a number of the druggists had leagued together and were seeking to supplant the patent medicines with preparations of their own. There was in this movement no thought of the public's welfare or the interests of the medical profession, but an unblushing attempt to divert the profits of the nostrum business into their own pockets. In this scheme the druggists published advertisements in which their wares were urged as blatantly and as mendaciously as any of the old breed of the nostrum venders.

N. A. R. D. Notes denied that its association had any connection with the A. D. S., but the J. A. M. A. stated that the members of the latter were also members of the former. The matter was taken up warmly in the Philadelphia branch of the N. A. R. D., and resulted in the resignation of its President, Henry Blair, and the subsequent withdrawal of the whole branch of the N. A. R. D. This looks as if there must have been truth in the asserted connection of the two associations of druggists. Taken in connection with the Western Druggist's campaign to have physicians legally prohibited from dispensing drugs, while the druggist is to be legally empowered to prescribe them it looks as if the bird of peace would not be allowed to alight in this locality for some time to come.

In the meantime, The Voice, the organ of the A. D. S., comes back with a lengthy expose of the Editor of the J. A. M. A., and his career previous to his incumbency of that position. This will be enough to solidify the medical profession in his favor. The charges made have already been published, and the case has been adjudged. Every physician in America knows of them and that they are mainly true, having never denied by Dr. Simmons. Very few physicians will take the trouble to read either side's presentment, and all they will see in it is an attempt by a lot of greedy druggists to grab the profits of the nostrum trade by advertising that out-Herods Herod in its effrontery, and a personal attack on the man who stood up in opposition to the

scheme. That's enough—the doctors are with Simmons, heart and soul, in this attack on the A. D. S. and N. A. R. D. Harmony is cast to the winds. It is a fight for existence, and organized Medicine takes up the gage thrown down by Pharmacy. If Mr. Englehart's scheme wins it must be by overcoming the united opposition of the medical profession. The personality of George H. Simmons does not enter into the question, and the action of the A. D. S. in making it their point of attack shows how hard they were hit and their lack of any real defense.

The J. A. M. A. was right in attacking the scheme. John Wyeth used to say that the influence of the retail pharmacists was beyond computation; and the policy of his house was to cultivate this influence, never hesitating to sacrifice the interests of the medical profession when by so doing, favor might be curried with the druggist. As a maker and purveyor of nostrums the retailer is far more pernicious than the manufacturer, for collectively he reaches an immensely larger clientele. It seems inconceivable that any physician should allow his prescriptions to go to a druggist who is openly advertising his syndicate remedies guaranteed to cure cancer, consumption, locomotor ataxia, Bright's disease and similar maladies, which, however trifling, we are scarcely ready to guarantee as curable. In fact it looks as if an astute scheme may have been sprung to invite an attack that would solidify the medical profession in support of the present managers of the A. M. A.

♣ ♣ ♣

Success of the highest type is won by those who voluntarily assume the necessity of a sublime and unflinching purpose. There are few self-made men and women; most of us are driven to the heights by necessity. We had to go or be lost.—Thought.

PRESCRIPTIONS FOR COUGH

(Continued from page 178)

Tinct. belladonna leaves .m. 1-10
Sulphurated antimony..gr. 1-100
Potassium bichromate ..gr. 1-100

This will also be found satisfactory in some cases.

The writer has found Dover's powders to be of value in some forms of coughs. The eclectic diaphoretic powder is also of value. The formula is:

℞

Powd. opium .....gr. 10
Powd. camphor .....gr. 40
Powd. ipecac .....gr. 20
Powd. potassium bitartrate gr 160

M. Sig. dose as needed.

The compound emetic powder is of value. The formula is:

℞

Pulv. lobelia herb .....ʒvj
Pulv. sanguinaria .....
Pulv. skunk cabbage .....aa ʒiij
Pulv. ipecac .....ʒiv
Pulv. capsicum .....ʒj

Mix.

This can be used internally and externally. For external use mix with lard or goose oil and apply over the bronchial tubes and lungs.

Ammonium hypophosphites is a valuable cough remedy. It acts similar to ammonium chloride but is said to be much better and does not need to be combined with codeine, heroin, morphine or other narcatic drugs. It can be made into a syrup, 16 grains of pure ammonium hypophosphites to each ounce. Dose one or two drachm as needed.

Justicia Adhatoda has been used as a specific for coughs. It is claimed to be highly efficacious in colds, coryza, coughs, bronchitis, pneumonia, spitting of blood, fever, jaundice, etc. It has cured whooping cough and bronchial pneumonia, etc. It is a remedy that deserves further investigation.

J. A. Burnett, M. D.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books of interest to doctors. Items of literary news will furnish information on progress in the world of literature.

DISEASES OF THE NOSE, THROAT, AND EAR, AND THEIR ACCESSORY CAVITIES. By Seth Scott Bishop, M. D., D. C. L., LL. D., Author of "The Ear and its Diseases;" Honorary President of the Faculty and Professor of Diseases of the Nose, Throat and Ear in the Illinois Medical College; Professor in the Chicago Post graduate Medical School and Hospital; Surgeon to the Postgraduate Hospital and to the Illinois Hospital; Consulting Surgeon to the Mary Thompson Hospital, to the Illinois Masonic Orphans' Home, and to the Silver Cross Hospital of Joliet, etc. Fourth Edition. Thoroughly Revised, Rearranged and Enlarged. Illustrated with 94 Colored Lithographs and 230 Additional Illustrations. 564 Pages, Royal Octavo. Price, Extra Cloth, $4.00, net; Sheep or Half-russia, $5.00, net. F. A. Davis Company, Publishers, 1914,16 Cherry St., Philadelphia

We have reviewed the previous editions of this work in these pages and as a result of our commendations, many of our readers are using the book, with much satisfaction as we have been told. The third edition was so thoroughly revised, that it seemed impossible to improve it much, but the author has brought the fourth edition up to present developments. This work has always had a large sale so that the author has had opportunities to revise the book at frequent intervals and keep it apace with the rapid progress made in this department.

Not much of the text is devoted to anatomy but the splendid original plates, prepared by the author, supply the best of anatomy for such a work. The description of instruments and appliances used will be found useful to the practitioner who is just starting in this work. The various diseases are clearly described so that their diagnoses may be made accurately. In presenting treatment, Dr. Bishop displays excellent judgment. He describes the various methods of treatment, in such a well balanced manner that the reader is never misled.

In the section on diseases of the nose, the author advocates the use of the galvano-cantery in the treatment of hypertrophy of the turbinates. He does not consider turbinectomy very often necessary, an opinion in accord with the most recent developments. Deflections and deformities of the septum are considered briefly, the details for operating on them not being given. This is the only pathological condition of the nose not discussed fully.

The section on the ear presents a good summary on ear diseases. The author's volume on ear diseases goes more into details. The intimate connection of the ear with the nose and throat makes it necessary to consider ear diseases in such a work. The mastoid operation is described so clearly by Dr. Bishop that the surgeon can use the book as his exclusive guide.

The appendix contains many useful formulae. The illustrations in the book are worthy of especial attention on account of their accuracy. The colored plates form a valuable feature of the work and will be found useful for frequent study.

♣ ♣ ♣

AN ENGLISH HANDBOOK TO THE PARIS MEDICAL SCHOOL. By A. A. Warden, M. D., Visiting Physician to the Hertford British Hospital, Paris. Second Edition, with Map. Pages 52. Price, Paper 50 Cents. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

This little book is a complete guide to Medical Paris prepared for American and British physicians.

It is extremely difficult for the foreigner to find at once the postgraduate or special medical work that he has come to Paris to pursue. He misses the centralisation that experience of other countries and schools has led him to expect. There is no central bureau of information, no publication wherein he can see at a glance and choose that which he seeks. At the Faculty of Medicine itself he finds but a multiplicity of notices and placards that serves only to increase his bewilderment. Changes are made almost annually in the personnel of the hospitals of Paris, and, perhaps for this reason, no official attempt is made, other than by means of announcements of such changes in the medical journals, to publish a handbook of more or less permanent value. Both in the winter and summer sessions, for example, courses are given by various men in their particular speciality and hospital. This book draws the visitor's attention to them by pointing out the hour and day and hospital where such a specialist may be found. The visitor will then, upon the spot, easily inform himself of the special course that may happen to be in progress at the time of his visit.

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LITERARY NOTES

Leading articles in the April number of McClure's Magazine are: "Some Modern Ideas of Food," by Burton J. Hendrick, showing the baneful effects of meat diet; "Preventable Blindness," by Marion Hamilton Carter, who takes up the cause of the needlessly blind, and shows that one-fourth of the children in the blind asylums are unnecessarily blind; "Follies in Criminal Procedure," by Charles B. Brewer, and "What Whiskey Is," by H. Parker Willis.

The American Magazine for April presents: Autobiographical Notes Upon Years at Hull-House," illustrated, by Jane Addams; "The Impending Roosevelt," illustrated, by Ray Stannard Baker; "The Measure of a Man," illustrations, by Lincoln Colcord; "The Wandering Foot," illustrated, by Harris Dickson; "The Spring Training," illustrated, by Hugh S. Fullerton.

The Editors of Everybody's seem to have set out to cover, in their April number, about every phase of life. In "Sanity and Democracy," they furnish some remarkable facts about the success of American cities under Commission Government. From this start, they talk about wild animal photographing in Africa; athletics, straight and tainted; the production of gold, its romance, and its effect on high prices; the make-up of an orchestra, and all the complicated machinery that goes into the pleasant sounds to which we dance and sing; the trials of Judge Lindsey in his fight with machine politics and corporation greed; the theater and its people; the new books of the month, and some talk on what literature really is.

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A POSOGRAPH

By Grace M. Norris, M. D.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. XIII MAY, 1910 No. 5

ELECTRO-THERAPEUTICS

By William R. D. Blackwood, M. D. Philadelphia, Pa.

(Continued from Page 149 April Recorder)

Last time we got as far down as the rectum—beginning at the head, so to speak, and quitting at the tail. I propose to skip about somewhat, not to keep right along in a straight line, as the ideas strike me, so now I will say something about affections which may affect any or all organs comprised between the "ends" alluded to above, and one of these is general debility. This may come from lack of nervous force, and here electricity is just what we need, for no tonic can approach it in actual power. The effect of electricity in debility is twofold—first the toning up of the nervous system, and the effect directly on the blood. Nerve force is stimulated by electricity beyond the ability of anything else in medicine. Many cases have come under my notice where all tonics failed before they came to me, but where they got well under either general galvanization, or general fadadization. The way to do either of these is to apply one pole on the solar plexus (the negative,) and then rub the other over the body, either with the sponge electrode directly, or by holding it in your left hand as spoken of before this, and thus give massage also, which is in itself, valuable. The current must be begun at a low rate, and gradually increased to the point of toleration of the patient. Keep the flow up for not less than fifteen minutes at first, and for half an hour or an hour when the person gets used to the manouvre. Be careful when doing this not to cause vertigo or faintness. I have this happen often, but it does no harm beyond maybe alarming a hysterical woman. The other reason why electricity does good in debility is through its mechanical effect on the blood. In my effort to explain this phenomenon I may not be well understood, for the reasoning is all my own so far as I know, but I hold my opinion to be true anyhow. We all know that the blood is oxidized by contact with oxygen in the lungs, and that it becomes red after passing through the arterial capillaries—it has absorbed oxygen. Now although the serum of the venous blood contains no oxygen, or very little, we can redden the venous blood by passing an electrical current through it during its passage from the end capillaries, where the arterial turns back in its flow to travel through the veins to the left-heart. That this is so I have proved to my satisfaction by many experiments one of which is a simply worked one, i. e.—to coat a glass or other non-conducting material such as a piece of porcelain, an inch wide by three feet long, with freshly drawb venous blood and at once pass a fairly strong current through its length, thus exposing the blood to the electrolytic effect of galvanism. In a few minutes the blood will turn bright scarlet just as it does after oxidation in the lungs. The rationale of this I think is due to the power of galvanism to

hasten oxidation, for we must remember that the film of blood is now exposed to the air-oxygen. The red corpuscles absorb more oxygen now than they had before, hence I think it is correct to hold that electricity can and does renew the corpuscular power, whatever that may be, and thus fit it for nutritive work when again sent through the circulation to wherever its nutrition is demanded. If the blood is left on the strip without electrization it grows darker, it does not oxidize. The value of quite soluble salts of iron is greatly magnified if electrization is combined with its administration in anemias. I prefer, in such cases, the potassio-tartrate with gylcerine and a pleasant syrup such as vanilla or orange, beginning with small doses gradually enlarged. This does not constipate, and is well borne by the digestive tract.

We have considered general debility, and now touch upon a subject allied to it—anemia, which often is the prime cause of general debility. This disorder comes usually from one of three causes; first, too little blood, second, poverty of whatever blood exists in the sufferer; third, lack of active nutrition. Considering the last item it will be well to say that even when the appetite is good, and digestion performed properly, there is still something else to happen—the chyle and chyme must be elaborated by the mesenteric glands, and, as held for some time past, the bone marrow has something to do with the changing of the material poured into the blood channel through the thoracic duct, for it is not yet blood pure and simple. Now, it is certain that electricity has a beneficial effect on nutrition when the abdominal organs are exposed to its action, there is some benefit produced on the mesenteric glands and the channels leading from them to the general circulation before the material is oxidized in the lungs. What the rationale of this action is we do not actually know, but there is a something which occurs when the digestive system is electrified that increases nutrition aside from any help to digestion itself. I have proved this to myself repeatedly in many people where they could digest so far as the stomach went, and the intestinal digestion too, anything they swallowed, yet their nutrition was far below par. The hidden something wanted boosting, and the current did the needed work. I am sure of this, because I purposely avoided giving such drugs as pepsin, pancreatin, nux, ipecac, etc., which aid digestion. I used electricity alone, and with the desired result, better nutrition, and richer blood as shown by the ruddy color and the reddened lips which before had been pale and flabby. Electricity is at once in such cases a tonic and a roborant of immense value when assiduously given. In using the current for defective nutrition I apply one pole over the solar plexus and the other between the scapulae and keep the flow up for fifteen to twenty minutes, and if you can get the patient to come just after the heaviest meal of the day that is the elected time. These informal writings are not intended to be complete as The Recorder cannot afford too much space, so I must condense what I say with the probable complaint of my readers that I am not elaborate enough. I will be glad, at any time, to answer personally such queries as may come from subscribers. I have to do this very often with other journals whose readers seem not to be quite as up in medical lore as you who try to stomach this are. I feel that the clientage of The Recorder is representative of a high class of practitioners from what I have already learned since my short connection with this estimable journal. Those of you who possess a good galvanic outfit, try it in some bad case of indigestion with pallor which is not due, of course, to menorrhagia which blanches its victims with good digestion and

plenty to eat of good stuff. When you do this, stop all drugs, give the current a chance to let you know what it is good for. Next month I will extend this matter a little farther, and have something to say about indigestion aside from malnutrition. If electricity did nothing more than save the stomach in dyspepties it would be valuable, for I have always held that the less medicine you give the better for the patient, although not for the druggist.

(To be continued).

PHYSIC IN YE OLDEN TIME

By D. L. Field, M. D., Jefferson, Ind.

(Continued from Page 152 April Recorder)

Way back in the days of Hezekiah, King of Judah, Isaiah visited him, and conveyed the sad admonition to the King, that "he should die, and not live." Hezekiah was afflicted with a carbuncle on the back of his neck. Isaiah subsequently returned, and prescribed a poultice of green figs, which effected a cure. If any one knows the virtues of green figs for "discussing" a phlegmonous inflamation, let him say so!

King Herod the Great, suffered with organic heart disease, and consequent anasarca, and the case getting grave, history says: "He sent for physicians, and did not refuse to follow what they prescribed for his assistance; and went beyond Jordan, and bathed himself in warm baths that were at a place called Callirhas, which, being possessed of other general virtues, were also fit to drink." So they sent invalids to the springs in Herod's time! "And when the physicians thought fit to have him bathed in a vessel full of oil, it was supposed that he was fast dying; but upon the lamentations and cries of his domestics, he revived." The description of Herod's disease, is both amusing and explicit: "His entrail were exulcerated, and the chief violence of his pain lay on his colon; an aqueous humor, and transparent liquor, also, had settled about his feet; and a like matter afflicted at the bottom of his belly. Nay, farther, his privy member was putrified, and produced worms; and when he sat upright, he had a difficulty of breathing, and a quickness of its return; he had, also, convulsions in all parts of his body." Dropsy.

For the origin of medical science, we are indebted to Ancient Egypt. There medical knowledge was famous in the days of Moses, and her physicians celebrated in his history. The aliment and ablutions recorded in his books, so necessary to health in that clime, enforced among the children of Israel, have been ascribed to his knowledge of Egyptian science of hygiene and sanitation.

The invention of medicine is generally ascribed to Toth, or to the first Hermes. He was regent of Egypt, of the second dynasty of Manetho, and the tutor of Queen Isis. He published six books on physic; the first treated on anatomy. The name of Aseropeus, the same as Esculapius, was given him, on account of his great skill in healing diseases; and according to the history and traditions of the times, he richly merited the fame he attained. Queen Isis was herself the inventor of many remedies; and was called the "Goddess of Health." She taught the science of physic to her son Osus, or Apollo. There was a vast number of physicians in Egypt, some treated the eyes, some the head, some the lungs, and others, surgery, anatomy, and embalming. The law required them to practice in the army, and on

strangers, without fee. Their medicines were principally evacuants, which the effected by diet, injections, ematics, potations, fasting, and the waters of the Nile. These they repeated every day, or every third day, as the case might require.

The physicians of those days, studied astronomy, magic and ritual mysteries, believing that the influence of a god, a star, a planet, or tutelar deity, gave powerful efficacy to the prescriptions, and secured the recovery of the sick. In all their ministrations, they mingled religious rites. Their books were filled with recipes founded on experience and observation of diseases, and means by which they were cured. But their grand discovery ,was an immortal Catholicon, made by the aid of the philosophers stone, which they claimed to not only heal disease, but to restore youth to old age!

Goethe must have gotten his idea of restoring the hoary alchemist to youth and beauty,—from the knowledge he derived from the Egyptian "Catholicon!"

The Egyptian priests were the custodians of these magic remedies; and they kept them concealed from the Greeks. The Kings of Egypt afforded the physicians, and priests every facility for experiment, and the art of dissection, that they might perfect themselves in the art of physic. They had an idea that a particular nerve extended from the heart to the little finger of the left hand and on that finger Egyptians always wore rings. It is the custom in our own country today. They also had a theory that a man could live only about a hundred years.

"Ancient history, although much of it may be apochraphal, states that the science of medicine was brought to Greece, by Chiron, the centaun, and son of Satunn. He accompanied the Argonauts, and was the most learned physician of that time. He is said to have taught Apollo, Music; Esculapius, Medicine; and Hercules, Astronomy. He was the tutor of Acilles; the instructor of Jason, Pelsas, and Aeneas; and all the heroes of the argonautic expedition. He was shot in the head by a poisoned arrow, and died.

Esculapius, the Greek, was the son of Apollo and Coronis, and a scholar of Chiron. He flourished before the Trojan war. In his infancy, he was exposed on a mountain of Thessaly, and was suckled by a goat, and defended by a dog. The shephard having for some time missed his goat and dog, went to the mountain to seek them; and found the child of extraordinary beauty. The shephard brought him up with the greatest care; and when a boy, he placed him in the hands of the sage—Chiron, by whose instructions he so largely profited, that his fame far surpassed that of his master. He taught his two sons the art of physic—Machaon and Podalarius, who were afterwards celebrated in the wars of Troy. The most dangerous wounds, diseases, and maladies, yielded to his operations, his remedies, his songs, and his magic. His great skill, and fame led him to claim that he restored the dead to life, which so enraged Pluto, that he destroyed him with a thunderbolt. He was deified by the Greeks, who showed the greatest love for his memory. Forty Stadia from Epidaurus, there is a temple, a statue, and a sacred grove, to his memory and the sick resorted to this place for the cure of their diseases. The entrace to the temple was inscribed by the words; "None shall enter here but the pure in soul." The secret of his art was retained in his family till they burst forth with splendor and shone out to the possession of the world, in the writings and the character of Hippocrates.

So much for mythologic lore!

Hippocrates was born 461 years before Christ. His father was the

seventeenth in lineal descent from Esculapius and the sixteenth from Podalarius, who dressed the wounded before the walls of Troy and afterwards reigned in a small city of Thessaly. He studied medicine under his grandfather and father, to which he added the reading of the tablets hung up in the temples, describing the nature of diseases and the means of cure. That was the custom of the ancients in Persia and Greece.

The first medical schools in history were established in Cos, Cnidus and Rhodes. Their fame spread from their master spirit in the healing art,—the "Homer of Medicine;" as Hippocrates was called. His great mind soon detected the defects in the systems of his progenitors and he set himself to work to remedy them. As the grand sum of medical skill consists in reason and experience and as the union of these makes the successful practitioner,—he prepared himself to add those accomplishments to the rules of Greece and Egypt and he exalted medicine to the dignity of a science.

Although he was denounced as an empiric by the Grecians, he persevered, and succeeded and was more honored and distinguished than any one who preceded him and for that matter,—any who have succeeded him.

Practice and theory, were so remarkably combined by him that his decisions in medicine were received like the oracles of Apollo. There were two schools of medical science in those times: viz: Those who studied natural philosophy and who comprehended in it, the human body as part of their science; and those who studied the history and cure of diseases. The former examined the functions of the body, according to laws of their own science; while the latter prescribed for diseases, according to fixed rules, established by experiment and numerous cures.

Hippocrates enriched medicine by a combination of both sciences. He effected a revolution in the science of medicine and made it rank as one of the greatest sciences. He even described the circulation of the blood, although Harvey, perhaps gave the first correct explanation and demonstration of the circulation. It was asserted however, by the disciples of Galen, that Hippocrates first described the circulation and the entire sanguiferous system. His works were contained in eight folio volumes: First—Journals of Maladies, which he followed through their different stages; Second—Observations on his own experience and the experience of proceeding times; Third—Reasonings on the causes, symptoms and cures of diseases; Fourth—On air, water, and resorts; Fifth—There are four volumes which treat of the duties and qualifications of physicians as well as a code of ethics. His rules for the education of a physician are most admirable; to wit,—First, "Because our life is short and our art very long, a extremely grateful, as such warning not boy must be taken in early youth; 2nd, "Examine whether his genius is adopted to the art;" 3rd, "Has he received firm an exquisite discernment; a sound judgment; a character in which mildness and firmness are combined; that he may sympathize with the sufferings of others,—that he may naturally feel the tenderest commiseration for the woes incident to his fellow mortals;" 4th, "He must combine the love of labor with the desire and emulation of all that is amiable and praiseworthy; 5th, "Let him practice the manual operations of surgery; 6th, "Let him study the whole circle of science; 7th, "Let him travel and extend his knowledge through different countries and cities; and let him observe the differences of air and water; 8th, "The eatables which are the principal food of the inhabitants and in one word,—all the causes which may occasion disorders in the animal economy.

He must know by what preceding signs, maladies may be known; by what regimen they may be avoided, by what remedies cured." "Experience alone is less dangerous than theory without experience." "It is not in the dust of the schools,—nor the works of philosophies, that we can learn the art of interrogating nature,—and the still more difficult art of awaiting her answer." "You must conduct him to the abodes of pain, already veiled with the shades of death; when nature exposed to the violent attacks of the enemy, following and rising only to sink again—displays to the attentive eye, her wants, and resources; the disciple as he witnesses this terrible combat shal observe you, watch, and seize the instant, which may decide the victory and save the life of the patient." In my next article on "Physic in Ye Olden Time." I will begin with Celsus; but before closing this, I want to observe that while the profession of today should be thankful that they are, that the science of medicine, in its most comprehensive sense, has undergone a most remarbable change, a complete metamorphosis—the character and significance of which the student of today has but little comprehension. Disease is no longer regarded as an entity, but as a manifestation of conditions; as a natural phenomenon, resulting from natural processes, however painful, or destructive. The fathers of ancient medicine, had a reasonable degree of success in the treatment of disease, with the remedies, and agencies then in use. Hippocrates, Celsus, Baerhave, Galen, Sydenham and many other pioneers in the art, in their day, described the phenomena of various diseases common to our time, as accurately as have any modern observers; and almost procisely as we see them today. Change in the manner of living, change in customs, etc., have brought new diseases, or modifications of disease of centuries ago; yet organic lesions are the same, perhaps, as they always have been; and perhaps death reaps about the same harvest from such as in the olden time.

Medicine has kept step with the advance of civilization, it is true, and what though we have emerged from the centuries when the fathers fought gorgons and chimeras with the fidelity, and heroism of Knights—errant in the age of chivalry; yet to command now the forces in a warfare against the disease that so fearfully destroy the human race, needn't swell our heads with the delusion that we are more successful warriors than were the founders of the science.

(To be continued.)

EPIDEMIC DYSENTERY

By H. Schmidt, M. D. Vandalia, Ill.

About 8 years ago I obtained a formula from the late Dr. C. C. Gordon, of Greenville, Ill., a member of a family of successful physicians, with which I obtained such good results that I think the formula ought to be published. The formula was given to me for dysentery but I found it only successful in epidemic dysentery, the form which is so fatal, the form caused by the bacillus of shiga; in this form of dysentery I found it gave relief in thirty-six hours and a cure was effected in a few days. I not only found it successful in epidemic dysentery but found it an excellent remedy in chronic ileo-colitis of children. The formula is as follows:

℞ Syrup rhei.....℥ii
Paregoric .....℥i
Aromatic spts. ammonia.....℥i
Sod. bicarb.....gr. lx
Ess. peppermint .....mi

M. et. Sig. Teaspoonful every 2 hours until stools are yellow, then not so often, preceded by 4 small doses of calomel; children according to age. My experience in other forms of dysentery has not been successful with this.

DERIVATION AND CHARACTERISTICS OF ACTIVE PRINCIPLES

By George L. Servoss, M. D. Fairview, Nevada

(Continued from Page 156 April Recorder)

ERTHROXYLIN.

An eclectic, alcoholic extract from Erythroxylon Coca, obtained as a brown powder. Used as a tonic and stimulant. Dose 1-4 to 1 grain.

ERYTHROPHLEINE HYDROCHOLRIDE.

Merck mentions this as a salt from the alkaloid of Erythroploeum Guineense, obtained as a yellowish-white, amorphous powder, soluble in water and alcohol, acting as a local anesthetic, and like digitalis, as a cardiac tonic. Merck says that it is used chiefly in ophthalmology, in 0.05 to 0.25 % per cent solution. Dose 1-30 to 1-15 grain.

ESCULIN.

Merck gives this as the active principle from the bark of Aesculus Hippocastanum, obtain as white, bitter crystals, soluble in water, alcohol and chloroform, very soluble in dilute alkalis, formula C_{15} H_{16} O_9. 1 1-2 H_2 O, or, C_6 H_{10} O_5. C_9 H_6 O_4. 1 1-2 H_2 O. Actions and uses, similar to quinine, as an antiperiodic and in intermittent fever. Dose 5 to 15 grains.

ESERIDINE.

An alkaloid from the seed of Physostygma Venenosum, obtained as colorless crystals, soluble in alcohol, ether and chloroform, melting at 132° C., formula C_{15} H_{23} N_3 O_3. Actions and uses, same as of physostigmine, as laxative and motor-excitant. 1-6 as powerful as the latter. Dose not mentioned.

EUONYMIN.

A resinoid from Euonymus Atropurpureus. Obtained as a light-brown powder. Has a drastic cathartic action. Specific indications are prostration with irritation of the nerve centers; periodic diseases, to supplement quinine; anorexia, indigestion, constipation, all from hepatic torpor. Dose 1 to 3 grains at bedtime.

EUCODIN.

Merck mentions this as Codeine Methylbromide, obtained as colorless crystal, soluble in water, melting as 261° C., formula C_{18} H_{21} N O_3. ((Br C H_3). Uses and actions similar to codeine. Dose 3 to 5 grains.

EUPATORIN.

Merck mentions this as a resinoid from Eupatorium Perfoliatum, obtained as a very bitter, brown powder, acting as an expectorant, tonic, and diaphoretic, and used in colds, bronchitis, muscular rheumatism, catarrh, grippe, dyspepsia, general debility and tapeworm. Dose 1 to 3 grains.

EUPURPURPIN.

A concentration from the Eupatorium Purpureum. No description is given of the physical form, either by Merck or other authority. Lloyd says that it posses diuretic, subastringent, stimulant, tonic and antisyphilitic properties. The specific indications are given as, vesical irritation, incontenance of urine, painful and frequent urination, urine scanty and milky with mucous or blood; uric acid diathesis; pain and wicht in the loins extending to bladder; skin dry, hot and constricted. Dose 1-6 to 1 grain 3 to 4 times a day.

FRASERIN.

Active principle from the root of Frasera Walteri. Obtained as a brown powder. Acts as a bitter tonic and laxative. Used by the eclectics as an appetizer and tonic. Merck gives the dose as 1 to 3 grains.

FILMARON.

Merck gives this as an amorphous acid from extract of male fern, obtained

as a light-brown yellow powder, soluble with difficulty in cold alcohol, in methyl alcohol, benzin; insoluble in water; soluble in other solvents, melting at 60° C. Acts as a teniacide. Dose 8 to 12 grains, followed by cathartic.

GELSEMININE.

An alkaloid from the Gelsemium Sempervirens. Obtained as small, white, microscopic crystals, soluble in alcohol, ether and chloroform, insoluble in water, melting at 158 to 160° C., formula C_{22} H_{26} N_2 O_3. A powerful anodyne and antispasmodic, with action similar to that of cicutine. The action of the whole drug is due to the presence of this alkaloid. Used in painful affection and as antidote to strychnine. Dose 1-134 grain.

GERANIIN.

An alkaloid from Gelsemium Sempervirens. No description is given of physical appearance. Acts similarly to strychnine, but much weaker. No specific action or uses are given. The dose is 1-134 grain.

GERANIIN.

A concentration from the rhizome of Geranium Maculatum, obtained as a dark brown powder, soluble in alcohol, and acting as an astringent. Used in the relaxed stages of diarrheas, dysenteries, cholera, and locally for hemorrhages. The active principle of the concentration is tannic acid, which changes to gallic, on exposure. Merck gives the dose from 1 to 3 grains.

GILLENIN.

Merck gives this as the active principle from Gillenia Trifoliata, obtained as a brown powder, soluble in alcohol, acting as an emetic, cathartic, tonic and expectorant and used instead of ipecac. Dose 4 to 6 grains.

GOSSYPIIN.

A concentration from the bark of Gossypium Herbaceum, the virtues of which appear to reside in an acid resin. Obtained as a brown powder. It acts as an emmenagogue and the specific indications are uterine inertia during parturition; menses delayed with backache and dragging pelvic pain; fullness and weight in bladder, with difficult micturation; hysteria with anemia of genitals, sexual lassitude. Has not been found very satisfactory. Merck gives the dose as 3 to 10 grains.

GUARANINE.

An alkaloid from Puallina sorbilis. Obtained as white crystal soluble in alcohol and insoluble in water. Formula C_8 H_{10} N_4 O_2. H_2 O. The actions and uses are the same as of Caffeine, but it may be slightly more diuretic, due to the presence of theobromine. Merck gives the dose as 1 to 5 grains.

HAMAMELIN.

A concentration from Hamamelis Virginiana. Occurs as a brown powder, soluble in alcohol. Felter and Lloyd say that witch-hazel is a tonic and astringent and Hamamelin has the actions of the entire drug. Used in hemorrhages, diarrhea, dysentery, excessive mucous discharges, hemorrhoids, etc. The dose as a tonic is from 1-6 to 2 grains. As a hemostatic, 5 to 20 grains.

HARMALINE.

Merck mentions this as derived from the seeds of Peganum Harmala, obtained in trimetric, octahedral crystals, soluble in alcohol and ether; slightly in water, melting at about 238° C., with decomposition; formula C_{13} H_{14} N_2 O. The actions given are, stimulant, anthelmintic and narcotic. No dose is mentioned.

HELENIN.

A camphor from Inula Helenium, obtained in white crystals, soluble in alcohol, ether and oils, melting at 64 to 66° C., formula C_{15} H_{20} O_2. Stimulant to the digestive organs, the circulation and the principal secretions. A tonic aromatic, with expectorant, diuretic and

diaphoretic properties. Used in atonic dyspepsia, general debility, torpid dsymenorrhea, pulmonary and bronchial catarrhs, exanthemic fevers with retarded eruption, etc. Dose 1-6 to 1-3 grain.

HELONIN.

A concentration from Helonias Dioica. No description is given of the physical appearance. Merck says that it is soluble in alcohol. Acts as a tonic, diuretis and vermifuge, in large doses emetic, when fresh sialagog. The specific indications are, mental irritability and despondency, sexual lassitude, atony of female reproductive organs; gastric debility, anorexia, nausea, indigestion and malassimilation when due to uterine reflexes; sticky, slimy leucorrhea, atony of urinary tract, dysmenorrhea with pelvic fullness and heaviness, bearing down as if parts would fall out. 1-6 grain, every two to four hours is effective in most cases, but if this small dose fails, 1 grain should be given four times a day.

HEROIN HYDROCHLORIDE.

The Diacetylmorphine Hydrochloride, obtained as a white, bitter powder, soluble in alcohol and two parts of water, and melting at 230 to 231° C., formula $C_{17} H_{17} (C_2 H_3 O)_2 N O_3$. H Cl. Acts as an antispasmodic sedative in cough. Used instead of morphine or codeine in bronchitis, phthisis, asthma, and other conditions where the two drugs mentioned are usually employed. Dose 1-12 to 1-6 grain.

HOMATROPINE.

From a mixture of atropine and mandelic acid with dilute H Cl. Obtained as white crystals, soluble in alcohol, ether and chloroform, slightly in water, melting at 98 to 99C., formula $C_{16} H_{21} N O_3$. Actions and uses, same as atropine. Dose 1-120 to 1-60 grain. Less toxic than atropine. The hydrobromide salt is most frequently employed, being used as a mydriatic and elsewhere that atropine is indicated. The Hydrochloride, Methylbromide, Salicylate and Sulphate are also mentioned.

HOMOARECOLINE.

Merck lists this as Arecaidinethylester, obtained as a colorless liquid, soluble in water, alcohol, ether and chloroform, and acting like arecoline, but less toxic. No dose is given. The Hydrobromide salt is listed.

HYDRASTIN-HYDRASTINE.

HYDRASTININE.

Hydrastin is a concentration from Hydrastis Canadensis, and contains the alkaloids hydrastine, berberine and canadine. It is obtained as a resinous extract, soluble in alcohol. Acts as a bitter tonic, astringent, oxytocic, alterative and antiseptic. Specific indications are non-acute catarrhs, acute purulent otitis media, gastric irritability; irritation of parts with feeble circulation; muscular soreness worse on motion or pressure; passive pelvic hemorrhages; skin diseases depending upon gastric disease. Merck gives the dose of Hydrastin as 5 to 10 grains, but smaller doses at frequent intervals have been found effective. Hydrastine is an alkaloid from the same source. Obtained as white prisms, soluble in alcohol, ether, chloroform and benzin; slightly in water, melting at 132° formula $C_{21} H_{21} N O_6$. Actions and uses same as of Hydrastin. Dose 1-67 to 1-6 grain. The salts of the alkaloid are the Bitartrate Hydrochloride and Sulphate. Hydrastinine is an artificial alkaloid from Hydrastine, obtained as the Hydrochloride salt, as a yellow, crystalline powder, soluble in about one part of water, three of alcohol, almost insoluble in ether and chloroform, melting at 210° C. formula $C_{11} H_{11} N O_2$. $H_2 S O_4$ $H_2 O$. Constricts the blood vessels, causes contraction of the uterus. Used an as antihemorrhagic. Dose 1-12 to 1-2 grain, 1 to 1-12 grains per day.

HYOSCINE HYDROBROMIDE.

A salt of the active principle, Hyos-

cine, obtained as colorless crystals, soluble, one part in about 4 of water, 15 of alcohol; slightly in ether and chloroform, melting (when anhydrous) at 191 to 192° C., formula C_{17} H_{21} N O_4. H Br. $3H_2$ O. Actions similar to those of atropine. Small doses cause drowsiness, larger ones, sleep. Dose 1-1000 to 1-100 grain. The Hydroiodide, Hydrochloride and Sulphate are also mentioned. The alkaloid, Hyoscine is derived from various Solanaceae.

HYOSCYAMINE.

AMORPHOUS-CRYSTAL.

The Amorphous form is obtained from the Hyoscyamus Niger, obtained as a brown, syrupy liquid, soluble in alcohol, chloroform and ether. Actions and uses same as of the crystal. Merck gives the dose as 1-8 to 1-4 grain, but much smaller doses have been found effective.

The crystalline form is an alkaloid from Hyoscyamus or Scopola, obtained as white, silky crystals, soluble in alcohol, ether and chloroform, acidulated water, slightly in water, melting at 106 to 108° C., formula C_{17} H_{23} N O_3. Actions, much the same as those of Atropine, but less stimulating to the central nervous system. Used as a sedative in nervous diseases. Merck gives the dose as 1-120 to 1-30 grain, though smaller doses have been found effective.

IRIDIN.

A resinoid from Iris Versicolor, obtained as a brownish powder, soluble in alcohol. Acts as a purgative, emetic, cholagog cathartic, alterative and diuretic. Is employed as eliminant and alterative. Special indications are, thyroid fullness, enlarged spleen, chronic hepatic disease, with sharp, cutting pain worse on motion; nausea and vomiting of sour liquids or regurgitation of foods, after rich pastry or fats; watery burning stools; enlarged lympatics, soft and yielding; rough, greasy skin with sebaceous disease; menstrual wrongs with large thyroid; unilateral facial neuralgia; wasting muscles and other atrophies, and bad blood. Merck gives the dose as 1 to 3 grains but in chronic cases 1-67 to 1-6 grain before meals and at bedtime, increasing as indicated by the stools, is better and as effective than larger, irritating doses.

JALAPIN.

A resin from Ipomoea Jalapa, containing two glucosides, convolvulin and Jalapin, the latter in small quantity. Soluble in alcohol, formula C_{34} H_{56} O_{16}, obtained as a white or yellowish resin. Merck says that it is from Convolvulus Orizabensis and identical with Scammonin. It acts as a drastic purgative and local irritant to the skin and mucous membrane. The special indications are costiveness; pain and griping in the lower bowel; colic with stercoraceous vomit; general gastrointestinal torpor. 1-67 grain every one to three hours has been found most effective, though Merck gives the dose as 1 to 5 grains.

JUGLANDIN.

A resin from the root bark of Juglans Cinerea, obtained as a brownish or grayish-white powder, of saline and slightly bitter taste, soluble slightly in alcohol. In small doses a mild stimulant laxative, larger doses gently cathartic. Specific idications are, chronic constipation, gastrointestinal irritability with sour eructations, flatulence and either diarrhea or constipation; diarrhea and dysentery with tenesmus and burning fetid discharges; torpid liver; chronic pustular or vesicular skin diseases freely discharging; eczema. Merck gives the dose as 2 to 5 grains, while others have found 1-3 to 1 grain, effective.

KAMALIN.

Merck gives this as the bitter principle from Kamala, obtained as a yellowish-brown to reddish-yellow crystalline powder, soluble in ether, boiling alcohol, acetic acid, C S_2, and alkaline solutions, formula C_{32} H_{29} O_7. C O O H, melting at 200° C., acting as an anthelmintic. No dose is given.

(To be continued.)

TREATMENT OF PNEUMONIA

By C. W. Canan, B. S., M. D., Orkney Springs, Va.

Gentlemen, in selecting this subject for a paper I was fully cognizant that the ground has been fully covered by men far my superior. Yet if you will bear with me I hope to be able to interest you in this dry subject. You are all aware that in laying down a plan of treatment for any given disease it is absolutely impossible to do so with such accuracy, that the profession could follow it and get results desired. All of you know that no two patients even when suffering with the same disease have the same identical symptoms. There is a great difference in the patients environments; a marked difference in temperament, as well as a difference in the resisting power of the system; therefore we can lay down no dogmatic rule by which the physician may be guided. But just what treatment may be used in a given case to the best advantage depends wholly upon the judgment of the physician. In reviewing the treatment of pneumonia you will find that we differ very materially from that laid down in the text books and we wish to say in this connection that we do not believe in "shot-gun" prescriptions in any disease. The treatment we desire to call your attention to is the result of years of clinical observation. We all know that pneumonia is a severe disease and is one in which the death rate is generally high, therefore its treatment should be selected with great care. The first step in the treatment of acute lobar pneumonia is to clear the intestinal tract of all toxic material and free the portal circulation. The remedy above all others best suited for this task is the mild chloride of mercury. The physician who attempts to treat a severe case of acute lobar pneumonia without first clearing the alimentary canal of all foreign matter will find that he has a task that will tax his ability to the utmost to save his patient when the lung is blocked and the blood is being dammed back upon the heart there is nothing that places the patient on safe ground so certain as this initial dose of mild chlodire followed by some alkaline purgative This "cleaning up" process applies not only to lobar pneumonia but to broncho, catarrhal, croupous or whatever form you may be called to treat. We desire to call your attention to a valuable therapeutic agent for acute lobar pneumonia if the cases are properly selected and one that seldom fails to abort the disease if used early. The agent we refer to is the lance. We are aware that some physicians sneer at its mention and consider it obsolete belonging to barbaric times. But gentlemen, I want to say to you here today that I know of no remedy, of no therapeutic agent that will cut short and bring to a favorable termination a severe case of acute pneumonia so satisfactorily as a thorough bleeding. It is not supposed that you will bleed indiscriminately. You would only do harm by bleeding some anaemic patient who had scarcely enough blood to exist upon. But if you are called early in the case and find a hale, hearty patient with flushed face throbbing pulse, high temperature, dry skin the heart laboring to dispose of the partially oxygenated blood, the veins standing out prominently with the stagnant circulation, do not fail to use your lance. Bleed until the veins assume their normal outline; until the heart does its work easily and quietly; until the pulse beats are reduced within normal bounds and the arterial tension is lowered; until the skin becomes moist and the nervous phenomena subside and in all probability you have aborted the disease. If not you can rest assured that you have shorn the disease of its severity. To illustrate to you the value

of this agent we will give you a clinical report of a case in which there was no chance to abort the disease because we were not called early enough. A few years ago we were called in consultation with Dr. Kochenhour to see a young man of 18 to 20 years who had been taken ill suddenly with acute lobar pneumonia, thirty-six hours before. The history was as follows: He woke up after midnight with a terrible chill, headache, an acute pain in chest, high temperature and was seized almost immediately with a cough. The doctor told me that he was summoned at day break and he was expectorating mouthfuls of bright red blood. When I saw him his temperature was 105° F., pulse 140, hard and wiry. The heart was seemingly trying to pound its way through the chest walls. His lips and face were cyanosed, his finger nails were blue and he was not still for one minute; his eyes were wide open and staring, and skin was hot and dry. He was muttering and talking incoherently all the time. The doctor told me that he had used the usual remedies but the patient had grown rapidly worse. I was at a loss to know what to do but was fully aware that if his life was to be saved something had to be done quickly. In casting about for a remedy I thought of blood letting. I asked the doctor his opinion and he said he had never used it, but that I should do whatever I thought best. The arm was prepared and soon the blood was flowing. The transformation that took place was beautiful to behold. While the blood was flowing, the lived hue about lips and face gave way to a normal one, the pulse gradually slowed down and with it the arterial tension. The heart action became easy and quiet. Before we were through, the patient closed his eyes stopped his babble and lay quiet. By the time we had drawn 24 ozs. and had bound up the arm he was sleeping quietly and the skin was bathed in a gentle perspiration. He slept for an hcure, woke up, looked about quietly, recognizing all his friends and asked for nourishment. He was then placed in a cotton batten jacket lined with oil silk, the chest first being anointed with capsicum and vaseline over diseased area. With some minor instructions as to after treatment I left. The doctor wrote me a card each day stating that the patient's improvement continued without interruption.

In bronchial pneumonia generally seen in children and extreme old age you can not resort to blood letting, then you will find aconite one of our ablest remedies. In the beginning of the case it should be given in small doses but often repeated until the pulse is reduced, the arterial tension lowered and the skin becomes active. In the mean time the cleaning up process should go on, a counter irritant applied to the chest and a batten jacket put on. The aconite or veratrum should now be continued according to indications. If the cough is tight and troublesome we know of no better remedy than the compound tincture benzoin administered on sugar.

THIRTEEN UNCANNY TALES

VII—THE INVISIBLE WITNESS

By GRACE M. NORRIS, M. D.

(Continued from page 162 April Recorder)

Dr. Hirschkornitz, the family doctor, felt that the tragedy should be thoroughly investigated. The physician was in the fifties, yet his well built figure had lost none of its youthful vigor. The keen, blue eyes and square jaws denoted shrewdness; having traveled much and practiced his profession for years, many and varied were the experiences he had passed through. Some years before he had received an appointment on the staff of the Rockefeller Institute for Medical Research. The extraordinary and practical success that followed his labors in experimental medicine resulted in his being sent to the semi-tropical portions of the United States to study a newly discovered parasite which was devastating the region. By his scientific methods and special technique, he discovered a remedy to eliminate, or at least mitigate the ravages, and at length became a practitioner in Florida, making trips to the North at intervals. He had married a Southern lady and they owned a villa near the center of the city and the doctor commanded one of the largest and most lucrative practices in the city, and was considered an authority in the medical world. He was a member of several exclusive clubs and he and his wife moved in the fashionable circles.

The young soldier arrived on a special train in the afternoon and his grief was heart rending when he witnessed her, the bride whom he had so nearly won, when death with his mighty shears snipped her thread of life in twain.

The arrangements for the funeral were complete and ready to be carried out. According to the custom of the region, the doctor in his buggy headed the funeral train, the minister next, then the hearse and the fiance and next the relatives of the deceased in their costly carriages, then the private conveyance and the line of handsome carriages extended as far as the eye could reach.

The people had turned out in full force to do the last act of service they could perform towards the deceased who had been universally liked. Although a special notification of the burial had been sent to Tom Graytower, he was not present.

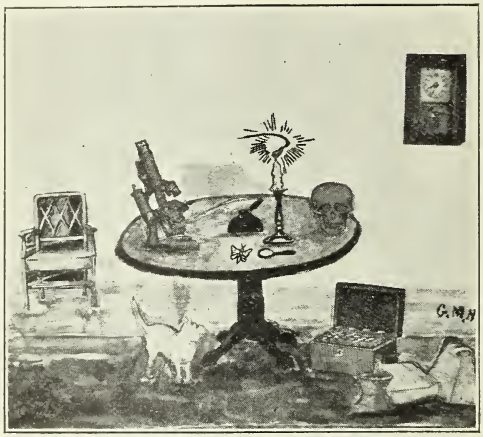
With slow and faltering footsteps the funeral train wound its way among the many graves to a spot where the turf was broken for her rest. The sublime words of the Episcopal service came like an angel's voice, "dust to dust, ashes to ashes." The brief funeral service was performed and heavily the clods began to fall upon the casket which contained the mortal remains of Estelle Ravenwood. Many a bright tear gemmed the grass and sparkled its brief testimony to the love her people bore to her who

The Doctor's Views

rested there; and as the sorrowful assembly scattered in little groups and returned to their homes, many a glance was cast back, where the woman lay unconscious of the scene without. At length, however, the funeral pageant was over and the body was at rest in the pretty rural cemetery—a few miles from the city, situated on a hill and known as Ocean View.

After the rites, the doctor seated himself in a chair in the lobby of a large hotel, and sat there gazing meditatively out of the window at the palms, also evidently noticing the crowd pass, but to a close observer his eyes had a far away look. The young soldier of misfortune was alone with his grief in an upper suite of rooms.

Several men came in and settled themselves near the physician, who returned their salutions. The doctor was dressed in silk hat, frock coat and black gloves and his attire was conspicuous with the spring suits of the crowd. At length Tom Graytower sauntered in, with his broad panama, swinging his cane and as he passed the group spoke to them flippantly and especially to the physician.



"I laid the moth on the table."

The doctor looked at him meditatively and said quietly, "Colonel Graytower, you did not attend the obsequies, did you?" For Tom though he was not an attorney, by courtesy, was given the title of Colonel by his acquaintances.

Tom posed himself and puffed out a great cloud of smoke from his newly lit cigar and answered, "No! Funerals are beastly things and I cut the show."

The company looked up in blank amazement with chagrin written on every countenance. Tom suddenly realized that he had made a bad break at a bad time, and throwing aside his rowydism, attempted to assume correct deportment and reestablish himself in the eyes of the company.

He said, "Pardon me, Doctor, but you know every individual is subject to peculiar likes and dislikes, and above all I sustain a particular aversion of funerals and to all things pertaining to death, therefore I did not attend. I prefer to remember my friends as I saw them last and though I cherish the deepest regard for Miss Ravenwood, I did not feel that physically or mentally I could witness her sad interment, and her untimely death has completely unnerved me ever since and particularly this afternoon."

Then assuming more of his usual composure, he said, "Well, the trouble all came according to my opinion from that discharged nigger; women don't know how to handle niggers. As for myself, I have mine under perfect control, never was defied by a coon yet, that I had shock off, fact is, I never intend to be. If Miss Ravenwood had sent for me and let me settle with that fellow, I could have handled him in a different manner. But women don't understand the management of property and servants. Of course, it is plausible to my mind that the black scoundrel sneaked back under cover of darkness and chloroformed her. I may be wrong in my conclusions, but I am ready to help swing him from the first tree if

he ever shows his woolly top-knot in this town. Some think her death was self inflicted. Well, it might be, we are all subject to our own opinions, but I've expressed mine."

Saying this he seated himself, flicked the ashes off his cigar, crossed his knees and sent forth a cloud of smoke.

"But an eye saw the deed."

"Yes," said the doctor, "I think you are right, Colonel, in thinking her life was sacrificed for revenge."

"That's my impression," repeated Tom with his returned bravado.

The chairs were filled by this time, and men were lingering in the lobby listening to the conversation. A third of the party had returned from the funeral, some were strangers and others town people.

The doctor glanced at his watch, consulted a note book from his pocket, replaced both and looked up, "Yes, Colonel, that is my view of the situation; if you care to hear it, perhaps my views of the affair might prove interesting."

"Nothing would please me more," Graytower replied with his self confident air, as he lit another cigar.

The doctor did not change his position, but began, "I have known Miss Ravenwood since I resided here and have known the cadet since infancy. His father was a personal friend of mine; we were classmates in his youth, but in years drifted apart and into different professions. It was thus with secret joy I heard his son was to be the husband of Miss Ravenwod. My sympathies of course went out to the less fortunate suitors of the queenly girl, so superb in her rich beauty, without the artifice of dress or decoration."

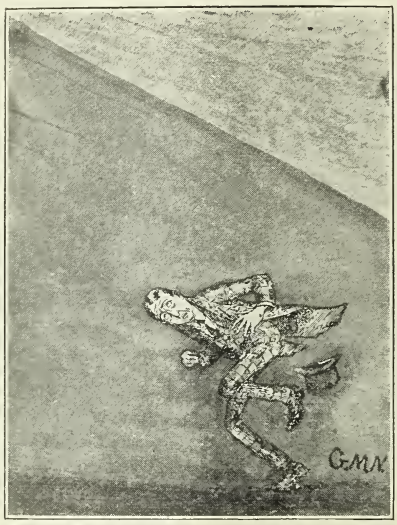
"On the night of Miss Ravenwood's unfortunate terminus I was sitting up finishing some manuscript, all the time vaguely conscious of disquietude and was unable to concentrate my thoughts as usual on my work. Towards one o'clock there came a sharp knocking that brought me to my feet. A frightened servant from Ravenwood Hall stood there with staring eyes and trembling words and told me the shocking news. I seized my case and my saddle horse soon carried me to the residence. As I approached the house I met the coroner coming in the opposite direction. We entered the chamber together. It was fitted up in oriental splendor. A large lamp of foreign pattern suspended from the ceiling shed a mellow light about the room. My eyes immediately sought the silent figure which lay in a graceful, easy position on the couch. The soft glow of the lamp gave to the features a warm, lifelike tint. For a moment I was deceived; it seemed as though the diaphanous material on her breast rose and fell with the pulsatious breath."

"My professional instincts were keenly awake. I made a thorough examination of the body, skin, tongue and eyes. The appearance of the eyes was unmistakable. 'Deceased came to her death by asphyxiation,' I entered in my note book. One arm lay by her side and the other under her head, when if the drug had been self administered, where was the cloth or sponge? It would have remained in the girl's hand or across her face."

"And yet, Colonel Graytower, we could not find a thing in the room which had been disturbed. There was

a slight abrasion on her upper lip where the chloroform had touched the skin, similar to a strong application of mustard. The sweet, curved mouth, the veiled eyes, the small white hand, lying by her side—all mutely appealed to me. I determined to do all in my power to help bring the perpetrator to justice. Of every detail of the room I made a mental note. Nothing appeared to have been moved. The room was a good sized bedroom with three windows and two doors. It was not her regular bed chamber, but Miss Ravenwood frequently read after retiring and frequently used this studio room as a sleeping room."

"I came to the conclusion that the person who committed this crime, came in either through the window or door of the room and not by the hall, past the servants' quarters. I searched for some clue to work upon. Returning to the couch, I knelt on the floor and looked closely for any marks, then examined the rug, where the one had stood who had given the drug. But nothing was visible. This puzzled me somewhat. I stepped to the other side of the couch and in doing so, my shoulder brushed a curtain aside at the head of the couch; here was a window opening on a veranda and the curtain hid the window. In one of the panes was a circular hole. The importance of this discovery was for a moment lost in the revulsion of the feeling at the dastardly ingenuity displayed. The one who had done this deed had crawled up under cover of the hedge and the vines on the veranda, perhaps some time previously and cut the glass back of the curtain and then, when his victim slept, injected chloroform fumes through the aperture, but not sure his victim had yielded to the fatal influence of the drug, had reached the catch of the window by means of this aperture and raised the sash and had entered the chamber and held the death dealing drug to her nostrils."



Sent him stumbling against the opposite wall

"A long, crimson streak in the dull, gray sky warned me that another day was breaking, but the mutilated glass fascinated me, and still I stood there. The coroner had left hours before after making his official notes, but I had devoted all night to the solution of the mystery. Again I looked at the circular opening in the pane. How neatly it was cut, what a cool hand the party must have been to manufacture such plans and accomplish his ends. I dropped the curtain back in place: as I did so something brushed my hand and fell to the floor with a dull thud. I picked it up. It was a large specimen of the Death's Head Moth. Most likely this winged wanderer with its ominous livery had flown into the room in the early part of the evening and had rested in a fold of the curtain and been killed by the fumes."

"Then an idea occurred to me. I obtained a glass fruit jar from the kitchen and placed it therein. Insignificant as the incident may seem, I attached no small importance to it. I drew the curtain again and did not communicate my discovery in the place to any one, for reasons best known to myself. The events of the night had left me indescribably dejected. However, an im-

portant duty I owed, one to the son of my old friend and the other to the cause of justice, thrilled me as I galloped back to my office in the chill of the morn.''

''It became a conviction with me that, securely bottled in my pocket was a means of solving the mystery of the girl's death. When I reached my room devoted to research, I threw myself into a chair to regain to a degree my composure before going on with my investigation, and held the glass can to the light to look at the curiously shaped insect. It would measure about six inches across the wings and perhaps four and a half in length. The woolly body had black markings, but indicated in light yellow against the dark color of its back was the design of a human skull, and below two lines joined representing the cross bones. The wings were mottled with brown, black and yellow. The hind wings were yellow with two black bands. I did not require imagination to see that the common name of this miller was well bestowed, as the ghastly symbols were distinct. I laid the moth on the table. The Death's Head Moth plays an important part in the minds of the superstitious, and weird, ghastly tales are circulated about this insect in every part of the globe. The eyes of the moth like many other nocturnal insects, shine at night like two stars, while the funeral emblems joined with the plaintive cry which it emits when frightened add to the terror inspired by its presence. In country places one hears it said, that this doleful sylph of the night is the messenger of death and that it flits through the dark hours of the night and murmurs with its sad and plaintive voice in the ears of the sleeper the name of the person whom the grim reaper is soon to harvest. I noticed the large, protruding eyes and with the aid of a strong magnifying glass examined them closely. Probably you are not aware that the eyes of a moth are compound and contains some 60,000 eyelets. These are minute diagonal shaped facets or lenses, and each distinctive self working little orbit is capable of performing the functions of an eye. The impression of an object, or objects, upon these lenses is conveyed by a series of nerves to one common optic center. Therefore, you will understand me when I say that the eye of an insect such as I was about to experiment with, would take in almost its entire surroundings.''

The doctor's drift was now plain to all. On entomology the most of the crowd were rather dense, nevertheless all were intensely interested.

Tom Graytower was calmly plunged in deep abstraction, yet took in all the doctor was saying. The lurking smile of incredulity which his pale features had worn were now gone and his eyes were fixed on the doctor, and in their black depths was a strange and startled look.

''It is a well known fact,'' continued the doctor, ''that the eyes of human beings retain upon the retina an image of the object last beheld for a length of time after dissolution. All beings are created on the same general principle, therefore, I thought it not unlikely that the case might present important features, if I were to indulge in the microscopic side of the issue''.

''So, I severed the head of the moth and prepared sections of it for microscopic use. I was interrupted so many times during my work and obliged to prognosticate my observations. But just before the funeral services I completed a series of slides of both orbits. I had already ordered my carriage to go to the home of the deceased, but before I started I placed one of the glass slides under the microscope, and my hypothesis was correct for an eye saw the deed and gentlemen, there, plainly depicted was the face of——''

Tom Graytower had sprung to his feet with the expression of guilt plainly

written on every feature. The constable who had been sitting there also sprang forward to arrest him, with a tremendous oath Tom Graytower struck him so violent a blow as to send him stumbling across the room, against the opposite wall; then turned, quick as thought, and sprang through the open window on to the veranda. He leaped the railing and reached the sidewalk. Here an automobile party was preparing to enter the machine. With a drawn revolver in his hand, Graytower ordered all to fall back from the pavement, and jumping into the machine started it off at a terrific speed up the street, in the direction of his place. At this terrible pace he ran through the streets, vehicles and pedestrians made wild attempts to get out of the way. One or two people were struck and still the automobile sped on, until it was lost to view in a cloud of dust.

Twilight had fallen and people recovering from their surprise, headed by the constable, who had sufficiently recovered from Tom's blow, followed the officer. The news quickly spread and all sorts of conveyances were readily pressed into service, ox-carts, mule wagons, automobiles, carriages, saddle horses, with here and there a cow and mule hitched together, and several goat wagons, driven by children. In the rear were hundreds of people representing all the walks of life and more pedestrians kept joining the party as the strange procession swept over the country highway, while at every home and spot they were joined by more rigs or foot travelers. The wet condition of the roads prevented the automobiles from traveling faster than the horses and mules, as the machines cut down heavily in the narrow muddy roads.

The big red automobile that had carried the escaping criminal away could be traced by its broad tracks in the road and at length the party reached the private road that ran to the orange grove. Tom Graytower had gone to his home to secure his money or papers, and then elude the pursuers and the constable.

His course of action was clear to all, the utmost confusion occurred, all talked, planned war strategem, and decided on a hundred different courses of action. While the buzz of the automobiles, the squeak of the ox-carts and the bleat of the goats and hearty laughter of the negroes made a strange medley of sounds that echoed and re-echoed in the woods. All were determined he should not escape and the strange procession moved forward with their different grades of speed.

About half way over the narrow road, in the hummock land, stood a blasted cedar tree, all whose natural foliage had perished. But it was veiled from head to foot in long wreaths of the gray moss, and, in dim light of the approaching evening, appeared like a gigantic spectre dressed in mourning weeds.

The automobile that led the train suddenly stopped, the party stood up and wildly waved their arms and shouted directions to the chauffeur and unintelligible messages to the rest of the conveyances. The chauffeur turned the machine to one side and it struck the bank and stood almost perpendicularly in the air. The party with difficulty climbed hurriedly out. The rest of the procession by this announcement of danger attempted to stop all of a sudden and it resulted in minor disaster to the rigs, and only a general shake up. As soon as possible, all were running towards the point the first party tried to evade.

There, yawning at their feet was a monstrous sink-hole, which had not been there before and which cut clear across the road and for some distance on either side. It was deep, as well as broad.

A few returned to the city to tell the news. The whole city turned out when informed of the conditions.

The constable and a few deputies went in first to Tom Graytower's house, but

to their inquiries the servants stated that he had not returned, neither was there any further trace of the automobile beyond the terrible excavation that yawned with its cavernous mouth in the road. The heavy rumbling machine had caused the soft ground to sink—a sudden cracking in the earth, a yawning of the soil and downward the great red automobile and its occupant had sunk.

But all the people found was the great sink hole and that grave gave up no secrets. They shouted down it. They dropped ropes in its black depths. They talked of lowering some one into the sink hole, but every man hung back and finally they decided that the man must be dead any way; so they gave up the search and went home.

The great Florida sinkhole

But if earth tells a true story, Tom Graytower never reached the place of refuge towards which he struggled on that eventful night.

Somewhere in the heart of that great Florida sink-hole, down in the black slime of that great death-trap, which caught him in its embrace, this cruel-hearted man is forever buried.

PHYTOLACCA DECANDRA

By John Albert Burnett, M. D., Little Rock, Ark.

Phytolacca decandra, the common poke weed, is used extensively by physicians of all systems of medicine and by the laity. Phytolacca grows abundantly in all or most parts of the United States and can be easily cultivated. On account of having it in abundance, the likelihood of it never being a scacre article, it being a valuable therapeutic agent, one that can never be monopolized by the manufacturing pharmacist, one that any physician can prepare for himself, it is an agent that deserves the attention of all regular physicians of America. Any physician can afford to use phytolacca even if he does his own dispensing, (a thing that all should do) as it is not one of the dollar ounce preparations imported from Germany.

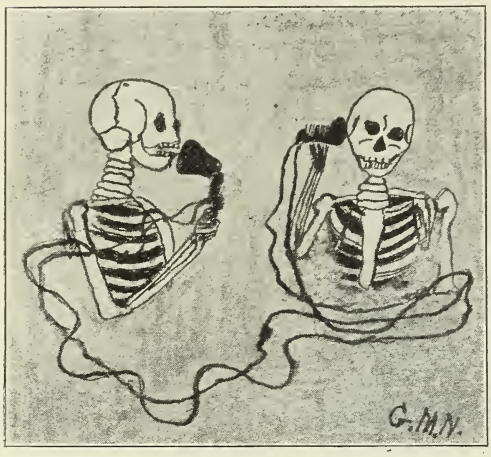
It is a disputed question whether phytolacca will cause death or not. I am inclined to think its toxic properties are very weak. It is claimed that it will produce death by paralysis of the respiratory organs preceded by tetanic convulsions. Its action is antagonized by motor excitants, such as opium, ether, digitalis, atropine, ammonia, alcohol, and others.

The U. S. P. 1900, gives the average dose of the fluid extract of phytolacca as an emetic 15 drops, and as an alterative 1 1-2 drops. Gould and Pyle give the dose of the fluid extract from 5 drops to 1 drachm. Potter gives the dose of the fluid extract as an alterative from 1 to 4 drops, and as an emetic 10 to 30 drops.

In my opinion phytolacca should never be used as an emetic as there are various remedies more suitable and appropriate for this purpose. The average dose as given by the U. S. P. as an alterative is rather small and in most cases the average dose should be about twice the amount or more in either acute or chronic cases. Some patients require more medicine than others and some patients have an idiosyncrasy to certain remedies.

THE SKELETON PAPERS

By Grace M. Norris, M. D., Richfield Springs,, New York.



SYNOPSIS.

The supposition is that the parents of two skeletons, neighbors of the same town, migrated during the childhood of the latter, one family to the western part of the continent and the other to the eastern. Both reached their majority and became disciples of Aesculapius, and after years of devotion to the art of Hippocrates, on their demise were interred in the local cemetery of their native village. Their tombs being connected with a telephone line enables them to engage in conversations on various practical subjects.

III. THE OLD TIME DOCTOR.

First Skeleton. The doctor of one hundred years ago had but few of the opportunities and advantages which fall to his successors of the twentieth century. In diagnosis he did not have any stethoscope to aid him in listening to the sounds of the heart and chest. He did not have any clinical thermometer to enable him to determine with accuracy the patient's temperature. He had no microscope and knew nothing of the marvels of medical microscopy, and the modern laboratory methods of diagnosis.

Second Skeleton. Take away these three things from the twentieth century physician—the stethoscope, the clinical thermometer and the microscope—and he could hardly diagnose disease.

F. S.: In surgery he had no anesthesia to enable him to operate without pain, no antiseptic to render it safe for him to cut almost every tissue of the body and no X-ray to enable him to look through opaque substances, and diagnose fractures, tumors, and other abnormal conditions with unerring accuracy.

S. S.: But who would practice surgery today, if he were to be deprived of anesthesia, antisepsis and the X-ray?

F. S. In therapeutics his outfit was exceptionally meager. Only to suggest a few of the multitude of things he lacked, he had no coal-tar products, no specific medicines, no active principles, no hypodermic syringe to give quick action to his drugs, and to help him out in times of emergency and no electrical outfit to impress both brain and nerve and fill his pockets with shekels. A thousand other things we have which he lacked, but these are enough.

S. S. Take away the alkaloids, the specific medicines, the hypodermic syringe and electricity, and who would wish to practice medicine today?

F. S. To go a little farther afield, the old time doctor did not have any State Board of Health to furnish free antitoxin for treating his cases of diphtheria, nor any well equipped laboratories to make for him examinations of blood, sputum, feces, urine, and the other things needful in making a positive diagnosis. He had no free hospitals where he could send his undesirable poor patients when he desired to get rid of them, nor any distinguished specialist whom he could summon by telephone to come and help him out, for a consideration, with his desirable rich ones whom he was anxious to keep himself. More than any of these, he had no trained nurses to help him in the sick room, by carrying out his directions better than he could do it himself, to nurse his helpless cases back to life and to cover up his blunders and keep the confidence of his patient steadfast in his physician at all hazards.

S. S.: And surely without these things those of today I fear, would find the practice of the healing art a very unsatisfactory affair.

F. S.: Indeed, it would be easy to go on naming the things that he had not, until one would be ready to swear that the poor old doctor of a hundred years gone by was no M. D. at all, but only the veriest quack and the sheerest humbug.

S. S.: And, yet, as a matter of fact, he was no quack at all, but a royal man and a successful physician, well up to date in his day and generation.

F. S.: Because of his lack of instruments of precision, he was compelled to cultivate with the utmost care the tools he had—and they were in the main these three—the eye, the hand and the brain.

S. S.: Of these he made the most.

F. S.: He learned to tell the patients temperature almost as accurately by the flat of his hand as our modern scientist can do with the aid of the clinical thermometer. He studied the pulse with a great deal more care than the profession do of today, and he was a firm believer in the Hippocratic axiom, "Sine pulsus, nulla therapia." We can tell by the man's chest how many times the pulse beats in a minute, and we learn by the feel whether it is irregular or intermittent, or unduly or strong.

S. S.: But he knew by "heart" the thousand variations in the feel of the pulse, and the meaning of each.

F. S.: And then the tongue!

S. S.: What an open book was this to him!

F. S.: In it he could read without glasses the condition of the alimentary canal, the activity or lack of activity of the liver, the state of the blood and the secretions.

S. S.: In fact, the condition of the system in general.

F. S.: Not only did he make his diagnosis by close personal observation, but he judged of the action of his remedies in the same way. Often he sat by the side of the sick ones through the livelong night alone, watching the symptoms and the progress of the disease and carrying out his plans of treatment alone unaided.

S. S.: In this way he came to know both his patients and his remedies at first hand and by close personal contact as they of today very seldom do.

F. S.: Especially is this true of the physicians in our cities; while now and then the country doctor reverts in some degree to the methods of the fore-father M. D.'s in the closeness of personal contact with his sick ones.

S. S.: It may be that this explains why the country doctor is sometimes more successful in the treatment of disease than his city brother.

F. S.: I am not a pessimist, and I do not believe the world is going backwards; and I am sure that the progress of the medical art within the past hundred years has been greater than can be estimated.

S. S.: The physicians today stand on a higher basis than they are capable of conceiving.

F. S.: And before these the ever increasing prospect stretches, hills o'er hills and Alps on Alps.

S. S.: Yet with all these are many things in which they can learn of the old-time doctor to good advantage.

F. S.: Let them not put on airs and conclude that the men of former days were fools.

S. S.: The fact is that they were well abreast of their day and generation.

F. S.: Under their fostering care countless children were born, women were sick and men grew old and died. The people of today pride themselves that the average duration of life is greater in their day than that of their great grandparents, but the fault was in the conditions of the times, and not with the old time doctors.

DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

LA GRIPPE AND PNEUMONIA.

We have had an abundant crop of grippe in our section of the country, during the winter just passed, with a good many cases terminating in pneumonia, some proving fatal.

Ta treat pneumonia as a sequel to "la grippe", or if purely idiopathic, I go to work at once on the alimentary canal, and give it a thorough cleaning out, with something like the following:

℞

Hydr. submur.....grs. ii
Podophyllin .....grs. i
Aloin .....grs. i
Powd. ipecach.....grs. i
Menthol .....grs. i
Guaiacol carb.....grs. i
Sacch. lactis. q. s.
M.

Make 16 powders, put in capsules, and give a capsule every half hour until you give the 16 capsules. Then if the bowels have not acted thoroughly, give an ounce or two of chemically pure castor oil, with 15 to 20 drops of turpentine in it. Or if the patient prefers, or makes any objection to the oil and turpentine, give one or two tablespoon heaping full of sal. epsom, or in other words sulphate of magnesia. Either the oil or salts can be repeated if necessary. The bowels should act five or six times on the first and second days after commencing the treatment, and after that, two or three times a day until the patient is getting on his feet again.

Of course if the patient has been very much weakened by "la grippe", before the pneumonia developed, you should be a little more careful with purgatives. At all events see that he is well cleaned out.

When satisfied that the bowels have been acted on sufficiently, give something similar to this:

℞

Zins. sulphocarbolate....grs. xii
Sodium sulphocarbolate.....ʒi
Calcium sulphocarbolate..grs. xv
Bismuth subnitrate.....grs. xv
Menthol .....gr. i
M.

Divide Ch. No. 15, put in capsules, and give a capsule every 2 to 4 hours.

What indication do I expect to meet with this prescription, are you mentally asking me, dear reader? Then I will answer simply this, and nothing more, though it may mean a good deal. Having cleaned out the alimentary canal thoroughly we must keep it clean so as to give the vis medicatrix natura a clean shop to work in. Hence we propose to put the patient on antiseptic treatment at once, that is, after having thoroughly cleaned out the bowels. Thus preventing all further risk of auto-poisoning from effete matter that may have been left in some corner, or pocket, in the bowels, or may accumulate in the same after the first cleaning out, and to prevent any irritation of the bronchial mucous membrane, through sympathy, or contiguity of surface.

The entire mucous membrane is a continuous tube doubled upon itself as it were, connecting, or dividing in the throat, where it commences, or terminates, according to the view we may have as regards its origin and termination. If we regard it as having its origin in the mouth and throat we find that it is divided between the larynx and

pharynx as it descends, one part going to the stomach and bowels, the other part passing through the larynx, enters the trachea, thence into the bronchial tubes, to finally enter the air cells, as a somewhat modified mucous membrane.

The nares, mouth,, and frontal sinuses receive their mucous lining from the ascending portions of the same membrane that furnishes the main portion of the alimentary canal, with its mucous lining.

And by the way I am very rusty in my anatomy and physiology, and will have to ask the readers pardon for any little mistake, or blunder that I may make in referring to either.

My object however, is to show the proximity of the two membranes, the one lining the air passages, the other the alimentary canal, and also to show how any organ may be effected sympathetically, through their connection with the nervous system.

The nervous system is a most wonderful thing, and distant organs may be effected sympathetically, that we may attribute to some irritant cause existing in the organ effected per se, and as we can not get to the bronchial mucous membrane with purgatives, we propose to give such remedies, through the medium of the stomach and bowels as will disinfect the entire system, so that no part of it can be effected through sympathy, or by transferred irritation from any other organ or by contiguity of surface.

In getting a clean stomach and bowels, the liver, skin and kidneys are usually aroused to a healthy action, and this is about all there is in it.—Old Vis Medicatrix Natura, M. D., will now step in, and handle the case to perfection. Few of us doctors know how much we owe him for curing our cases, even in spite of our remedies. Yet he never makes any kick about it, but just goes right along on his mission of mercy, doing the same thing over and over agaian. While the family doctor doubtless feels elevated over his own remarkable success, that old V. M. N. should have credit for. Sometimes this old Doctor Vis Medicatrix Natura, takes the case in his own hands alone, by bringing on a violent case of diarrhea, and vomiting, that cleans out the patient from stem to stern, within less than 24 hours, and in a vast majority of cases the patient will recover without any further treatment whatever. And should he happen to be out in a logging camp 25 miles from a doctor, he would possibly be all right, within from 24 to 48 hours.

As the Vis Medicatrix Natura would cause the patient to purge and vomit, all the old rotten feces and hard and dry impacted filth about the cecum, sigmoid flexure, and rectum, as well as the rotten, stinking mucous that had accumulated, and been retained in the pockets and pouches of the colon, beside the partially decomposed food, sour and half rotten, that had been retained in the stomach. When all this filth had been purged out of the patients alimentary "sewer", that had been the cause of an attack of cholera morbus, the liver, skin, and kidneys would act of their own volition, as it were, and the patient would soon be feeling all right. Of course would feel a little weak, nevertheless some patients become alarmed and must have a doctor, so a messenger is sent, with perhaps a free delivery stamp pasted on his back, together with the self granted right of way, on all the roads between the patient and the doctor, 25 to 30 miles distant, together with a make-no-stop order either going or coming, ringing in his ears. The message is delivered and Doctor Jones or Smith, as the case may be, mounts the fleetest horse in the stables, and without taking time to kiss his wife and baby good by, if he has a wife and baby, the spurs are clapped to the quivering flanks of the charger, and the doctor's coat tail flutters to the

breeze. He covers the distance in an incredible short time, and arrives at the patient's bed side just in time to save his life.

Of which fact he assures the patient while preparing to return home, by the following remarks: "I tell you my dear sir, you had a close call, and had I been 30 minutes later, things would have been all over with you. So I would advise you hereafter, not to put off sending for a physician, quite so long, as you might not be so fortunate the next time".

Old Vis Medicatrix Natura, only looked on and smiled, we presume.

Now in similar cases as the one herein described, there should really be nothing done, but to act honorably with the patient. Tell him that he is getting along all right, and does not need any medicine. But we all have to make bread and butter, and if we feel disposed to give a little harmless physic, when it is really not necessary to give anything or make an extra call or two, we feel justifiable in doing so, as such a course may be necessary to enable us to hold the patient's practice, as if we fail to give him anything, he may come to the conclusion that we do not understand his case, or any other case, and call in another physician to treat him.

These are times in the lives, doubtless, of all physicians, when it will not do to be too conscientious, as we may thereby lose the practice of the man whom we are trying to favor. Such a thing has occurred in my own practice more than once, but not very recently, as I have learned better, and understand all the little side issues in the practice of our science. There are but few angels found in the profession, unless however, it be in the female classes, of whom I have met very few, on professional lines, in my practice.

In the further treatment of pneumonia, if there is severe pain in the lung, with or without harassing cough with crepitation, or hepatization, apply a fly tissue blister, 4 by 6 inches, immediately over the seat of disturbance and let it remain in situ until the skin is thoroughly red. Then remove it and dress with white vaseline, when it fills let the water out and continue to dress with vaseline until has healed.

In the meantime give the following:

℞

Spts. ammonia arom.....ʒiv
Syr. ipecac .....ʒi
Tr. lobelia .....ʒi
Sulph. morph. .....gr. ss
Tr. opii. camp.....ʒii
Aqua. minth. pip.....℥i
Syr. tolu q. s.....℥iv
M.

Give a teaspoonful, every one to two or three hours, being governed by symptoms; give in a little water.

There is one thing that the physician should never lose sight of in the treatment of any disease, and that is, never let your patient suffer pain. You can make a reputation by relieving your patient promptly, of severe pain, and lose it just as surely, and as promptly by letting him suffer.

Don't fool with paregoric, peppermint drops, and mustard plasters, when your patient is in great agony, but load up your hypodermic syringe with from 1-4 to 1-2 gr. sulph. morph. and shoot it under the skin, anywhere on the body will do, but I prefer the front of the arm just above the elbow over the biceps muscle, where the skin is loose and thin. Then watch the change, and see your patient suffering with all the pains of purgatory, gently passing into Elysian fields.

Never let your patient suffer pain, when you can relieve it so promptly in a vast majority of cases.

If from any idiosyncrasy the patient can not take morphine, the 1-100 to the 1-50 of a grain of hydrobromate of

hyoscine will sometimes answer every purpose, but as a general thing can not be relied on like the sulphate of morphine.

Never tell your patient what you gave him, or leave a hypodermic syringe with him, after having shown him how to use it. Such an act should be made a felony under the statutes of every state in the Union, and punished by imprisonment in the state prison, not less than one year, or over five years.

The less the laity knows about medicine, the better it is for them, as well as for the educated physician.

I know the evil of such a course, as I have been guilty myself, but have long since repented of such folly.

J. A. Ward, M. D.

Troy, Mo.

SOCIALISM

"The people who are not up on a thing are usually down on it."

"Every advance step in the progress of the race from savagery has been deemed a degenerative one by the conservative who does not feel the impulse to move along." (Editorial, advocating alkaloids, American Journal of Chemical Medicine, p. 2, 1910).

The writer of the above is familiar with his subject, has an economic motive for what he says, "feels the impulse" and writes without confusion. But on page 9 he attempts to discuss Socialism, which he does not understand; begins by misstating its position and ends by rejecting it. In the first place, the socialist does not claim, (as stated), "that with the proper regulation of our social system the principal cause of vice and even of crime would disappear." The socialist claims that the present social system is itself a crime, at the present stage of economic development. That it is impossible to regulate it, and that it should be replaced by a different system; when, because of a different motive for human acts, people would not "feel the impulse" to commit crimes. Socialists believe that by removing the cause of ignorance and poverty and vice and a corrupting environment, (and I shall show by the testimony of promiment upholders of the present social system that it is largely responsible for them) that crime would practically disappear.

As Dr. D. L. Field says in the December Recorder: "The present social conditions in this country are rotten." (They are rotten in every country and from the same cause). But instead of being a hypocrite and saying that nothing but religion will change it the socialist is honest enough to admit that selfish reasons, he is determined to have the cause of the rotten condiions removed. He is is not satisfied with a rotten environment for himself and family. He believes that when a thing is rotten, it is high time it were buried. As Dr. Field says:

"Our little systems have their day; They have their day and cease to be." But Dr. Field is too blind to see that this applies to the present system instead of socialism. Stating that socialism is "impracticable," is to imply that the present system is practicable, or in other worsd a success. Yet Dr. Field himself states that it has led to rotten conditions. It is poor evidence of sincerity to state that only the religion of Jesus Christ can change them for the better, while strenuously advocating a system which denies the great majority of the human family free access to the means of life and thus deprives them of any assurance of life, liberty or happiness. Indeed, the Editor first quoted, questions whether mankind can rise above the (brutal) struggle for existence. And that is what life is compelled to be at the present time for an immense

number of people. How meuh sense is there in talking about "the ignorance and depravity of the lower classes; the environment and wicked tendencies in large and overcrowded cities, etc., while opposing a system that would do away with classes and ignorance and wicked tendencies by removing the cause? A tree is known by its fruits. Dr. Field says the fruit is rotten. Why is this so? There is no result without adequate cause. The average person can little affect his environment, but his environment immensely affects him. Consult any elementary book on modern psychology; for example: 'Child Culture" (Child of Light Pub. Co. Chicago), "Mind and Body," by Halphide, etc.

Children are born into a certain environment and only unusual circumstances—accidental "suggestions" and mental impressions can lift the ignorant and depraved from their environment. Education and moral sentiment cost money, and a great may haven't the price, and are never caused to "feel the impulse" for better things. The chief cause of ignorance is poverty and poverty and ignorance, coupled with the impulse to satisfy natural requirements and desires under adverse conditions is the chief inducement to depravity and crime. The adverse conditions are inherent in the system. When the Chicago Daily Socialist exposed the "sweating" system of Montgomery Ward & Co. of Chicago, Vice President Thorne, of the company admitted the truth of this claim. He said:

"That men—men who have families to support and children to bring up—should be forced to work for $12 a week is deplorable. It is impossible to do justice to one's children, to one's wife or to oneself when one's income is only that much. It is hardly possible to live decently on $12 a week when one has no one but oneself to take care of. But $12 a week is a wage that thousands upon thousands work for. Hundreds of houses in this city don't pay even that much, It is a universal condition and Montgomery Ward and company are no more free from it than are other business establishments. The condition holds us in its grip and we must yield to it. It would be suicide with the keen competition prevailing for any business firm to undertake, singly, to pay its employes more than other firms in the field do."

This is exactly what William C. Thorne, Vice President of Montgomery Ward and company stated.

With what the wage workers now earn and with high price of living, it is impossible, he finds, for any one to save up anything for old age, or for times of illness.

The doctors who cannot see the connection between the fact that "wage workers cannot save anything for times of illness," and the suicide of over two hundred physicians in Chicago during the year 1908. (Am. Jour. of Clin. Med. 1909, p. 264) need to be "bored for the simples."

"There are hundreds of houses in this city where married men are obliged to work for $10 a week," said Thorne, "where girls are forced to dress in silks and satin on $6 a week, where young men have no chance to rise or develop. Thousands of stores in this country produce disreputable characters among women, degenerates among men and disconsolate, disgusted men and women whose life is a shame to society. These people would find Montgomery Ward & Co.'s a paradise."

Referring to the attack on the fish department, where the salt water and the cold air make it difficult for a man to work more than six hours a day, and where the employes are forced to work not less than eight hours and in

busy seasons as long as fourteen hours. Mr. Thorne stated that conditions in other fish houses are even more serious. He admitted that the men work with chapped hands and are wet through and through, as described in this paper, but declared that Montgomery Ward's fish house is the best in the city.

"Fish houses on South Water Street are hell compared to our fish house," Thorne said. "The men there are apparently suffering not only for their own sins, but for the sins committed by their parents and grandparents. Those fish shops are in basements. The brine is never drained from the floors. They are not as light as our fish department. We have daylight, while they use artificial light. The men working in those hell pits would be only too glad to come to our store.

This is the reward of "honest toil" that Dr. Field seems to think should produce "clean, pure, holy, God-fearing, law-respecting," wise and intelligent citizens, not preferring idleness and "dissolute pleasures." It is true that high intelligecne and skill command better pay—but the ever increasing cost of living; of feeding. clothing and educating a family decently, make it necessary to limit the size of families, in fact, many dare not risk marriage at all under the circumstances. The possibility of wringing profits out of labor at the cost of life, health, mentality and morality, gives value to stocks and bonds. Compare the rewards those who gamble in these precious documents, with that of the ones who produce the food and clothing of the world or transport it from place to place; or with the reward of metal or glass workers who work before blazing furnaces that almost melt the flesh of the workers; the latter being daily crippled or killed by accidents incident to their occupation and the neglect of profit mongers.

The dealers in such papers, which represent the ignorance, degredation, depravity and rottenness of society are portrayed to magazine readers in terms to excite admiration. The casual reader feels that these are great men setting worthy examples to follow.

See Munsey's for Jan. p. 512 et seq. Mr. Mills is first held up to our admiring gaze—"He sailed for the Golden Gate by the way of the Horn, with a shipload of miners commodities. Out of these he made the stake (note the honest toil) that started him million-ward". "He came back to New York with a few millions; they have become many millions". "He built" (again note the honest toil) "the first real sky scraper in Wall Street, and is said to have paid for it out of the proceeds of a tip on Lake Shore given him by his friend William H. Vanderbilt."

On page 518 and 519 we are told that John W. Gates met a director of the L. & W. R. R. in New York.

By dining (and doubtless wining) him he managed to get imformation from him that enabled Gates to gain a controlling interest in the road. This arrangement did not satisfy J. P. Morgan—He sent for Mr. Gates and said: "Gates, you are not the kind of a man to control the L. & N."

"All right!" replied Gates. "Get some one better—with the price!"

"Mr. Morgan did get some one else, and Gates is said to have cleared four million dollars on the deal. That is the way he works," (works mind you). "He is the type of the aggressive speculator." Munsey's for Jan. And doctors can be found to defend a system which rewards its gamblers with millions of dollars, and honor and applause; while two hundred physicians who have devoted years of time in preparation for the work of saving lives and relieving suffering are driven to suicide in one year in one city of

these United tSates, because they could not secure a living at their profession.

Truly, as Dr. Field remarks:

"Political wisdom cannot be expected from intellectual ignorance, and human intelligence has its limitations."

Dr. Emil G. Hirsh said recently in a sermon at Sinai Temple, Chicago, that poor pay drives girls into brothels.

He said:

"Pay them living wages, pay them a wage which will allow them to have those pleasures and home influences which will lessen the influence of the panderer with his alluring picture. Then the attraction of the life of the scarlet woman will fade. I do not ask you to do this as a matter of charity; do it as an investment. Even in finance the human element is a factor."

But Vice Pres. Thorne has clearly shown how this is impossible under the present system. As he says ,it would be suicide.

"Success requires not something new.
To win applause and recognition;
But doing that which others do.
Beyond their range of competion."

To succed in business or in conducting a department store or factory, requires the production and marketing of goods at as low cost as ones rivals.

To "love your neighbor as yourself" has no practical meaning to the employer of labor—so far as making it possible for his employes to enjoy the things he regards as necessities for himself and family.

Success means dividends; and dividends mean the exploitation of labor If one man or firm is exploiting human beings, the one who succeeds must outdo his rivals in securing wealth from the sweat of other men's faces.

Socialism does the very thing that Dr. Field says is necessary to make it amount to anything,—it "respects the rights of every one." Capitalism exalts the few by over-riding the rights of the many, and all talk of respecting laws that are simply the rules of the game, rigged up by the cunning for the purpose of legalizing schems for collecting plunder from those who labor to produce and distribute goods, is all bosh.

Socialism does not, as stated (in Amer. Jour. of Clin. Med.) seek to abolish competition. It simply purposes to secure every one in their right to life, liberty and the pursuit of happiness. By liberty, I don't mean license—freedom to live in luxurious idleness upon the profits of wage slavery. In a properly organized society every capable person would be compelled to render an equivalent in actual necessary service for what he received, competing for positions of highest honor or best pay. The means of life are land (and other natural resources) and machinery. So long as these are owned by the few they are masters of the many, and the very lives of the latter are at the mercy of the fromer. Now that the workman's tools are gigantic machines that must be collectively operated, and the means of transportation and distribution are equally enormous and complicated, the purpose for which our government was founded is subverted by permitting these to be privately owned. A man is not likely to find much happienss handling salt fish in an ice cold room 14 hours a day, for $10.00 per week, and do this or see his family starve and even then probably see his daughter forced into a brothel. The man who supports this thing by his vote has no spark of christianity in his makeup; in fact the ethics of "civilization" are simply the ethics of the jungle, and no tribe of savages ever permitted the strong to deprive the weak of actual necessities, the doing of which is essential to large success in modern business. (On p. 10 Amer. Jour. of Clin Med.) the editor says—"When socialism suc-

ceeds in convincing a majority that some of its proposals are wise it will be tried, and one success will pave the way for another." Socialism has only one proposal,—the collective ownership by the nation of the means of production and distribution and a democratic management of the same. The people. through properly authorized persons can employ managers to carry on the meat or transportation industries as well as they can build Panama canals or employ an army and navy to kill Spaniards. The net results could not be worse than under capitalism. For example, the profits of Swift & Co. for the year 1909 were twenty million dollars. Co.-incidently, we learn that laboring men and families must quit eating meat.

Birmingham, Ala. is the center of great iron and steel industries, because of its natural wealth in iron and coal. Here labor is exploited to the limit for the benefit of a few owners; children grow up in poverty and ignorance. Result: The Age—Herald of Birmingham, made the following glad announcement the first of the year:

Of 408 deaths during 1909 investigated by the coroner of Jefferson county, 142 were murdered, 122 accidental, 9 suicides and 145 were due to "natural" causes—Was the nation horrified by such a report?

Most people never gave it a second thought. And I question the correctness of the statement that 145 were due to natural causes—and I submit pictures published by the tuberculosis league of Montgomery, that prove conclusively that poverty was responsible for many of them.

Statistics shows that Alabama has the highest death rate from tuberculosis of any state in the Union, and I am certain that insufficient clothing, improper food and other causes due to ignorance and poverty lay the foundation for these diseases. The cotton grower, the factory worker and shirt maker combined do not get more than 6 or 8 cents out of a one dollar shirt.

Socialism would give them nearly all of the dollar—all of it except the labor cost of management, the cost of maintaining the machinery and necessary labor cost of placing it in the consumer's hands. There would be no excuse for poverty and ignorance, no excuse for unpaid doctor bills. On page 9, Amer. Jour. of Clin. Med., the editor says: "The desire for luxuries and the dislike for work are innate." A few lines lower on the page he contradicts himself by saying: "The desire for preeminence is innate. Every human being craves to be distinguished from the great mass by some notable characteristic." Socialism would furn-

(Continued on page 221)

NAN

By Gordon G. Burdick, M. D., Chicago, Illinois

(Continued from Page 166 April Recorder)

THE DEATH OF JERRY.

The morning found me wide awake, and without stopping for breakfast, I hurried to see my patient, whom I found still alive, but failing slowly. He still recognized me and gave me a feeble smile. I stayed with him until I was sure that everything was as well as I could make it, and then went out and called on the local Salvation Army for the loan of some blankets and the use of a good strong lad to do some errands that were necessary.

I soon had many necessary things on the way to make things comfortable, and a sympathetic saloon-keeper loaned a gasoline stove for temporary use, so that by the time I got back I found preparations well on the way for a good breakfast, which Nan was evolving from my more or less misdirected efforts to do the right thing, without knowing much about the practical side of the culinary art.

Still a very creditable meal was placed before us, after one or more trips had been made for condiments, baking powder, etc., which I had wholly forgotten were necessary to make food palatable.

By this time I was as hungry as a bear, owing to my exertions in the crisp frosty air and I fell to and began to enjoy my food, until I noticed that LaBelle was not eating, but going through the motions of doing so, in order to please us. I remonstrated with her and told her that she was doing wrong, and that she owed it to herself and friends, not to imperil her health farther by starvation. I was rewarded by a violent fit of weeping, with all the ear marks of hysteria, while she rushed from the table and throwing herself on the bed called wildly to Jerry to come back to her. The violence of her grief roused the dying man sufficiently to comprehend her thought, and he smiled feebly as he raised one hand and placed it upon her head. The effort required the last spark of vitality the poor fellow had, and the flickering life went out.

Death-bed scenes are never attractive to me, and have always seemed unpleasant. It was doubly so, where I was compelled to be the next best friend. I was hardly prepared for the wild outburst of grief from the stricken woman, something that my coarser nature could not understand.

At this time it seemed strange to me, that a condition of this kind, should bring anything but relief both to the sufferer, and his family, and I endeavored in many ways to console the widow, and at last forced her to admit that it was for the best, only to be met with a fresh burst of tears. This bewildered me more than ever, until it gradually dawned on me that her grief was not due so much to the fact that Jerry was dead, but that a part of herself had gone with him. A something that no one could ever replace. The thought made me more sympathetic, and I stroked her head gently until the storm had abated enough to allow me to suggest that there were some very pressing practical questions that must be settled immediately; and I desired her advice

as to how much latitude she was willing to give me in settling the many questions that had come up.

She dried her eyes and said she had insured him for enough to bury him decently, and she went to a box and gave me a paper that purported to be an insurance policy for a nominal sum. One glance showed me that a trick had been turned on her by the agent, as the policy especially barred consumption, while the policy had been written within a year, and even if some other disease had caused death, she would hardly have received enough to buy a dress for herself. When this was called to her attention I saw the most horrible, hopeless look I have ever seen on a human face as she threw up her hands and fell in a dead faint. I did all that was necessary for her, but the seriousness of the whole affair sunk into me as she partly recovered and began an incoherent rambling delirium in which her hopes, joys and fears passed like a nightmare before my conscience. She had denied herself food and heat, that she might avert the great shadow of her lonely life,—that her love should be buried in the Potters field, as she unfolded her woman's life before me and the wondering girl.

I just began to appreciate just what a good man means to a good woman. Nan came and leaned over my shoulder as the minutes rolled by. All eyes and ears as the story of a life's struggle was unfolded before our ears. What woman will do for man, is equalled only by what man will do for woman.

She became more quiet after a time and sank into a slumber, and after making her as comfortable as possible I asked Nan if she was afraid to stay there while I went for Aunt Mary?

The girl gave one apprehensive look at the bed, and then at the stricken woman, and then looked at me. "I will stick," she said. "This is my duty. Go!" I patted her shoulder and told her not to be afraid of dead people, as they were really the best kind of neighbors; that she had only the living to fear.

I hurried away and found Auntie in a tantrum because I had taken Nan away without her permission. She was in a good temper to argue about it, until I told her to shut up and get her things on, and that when we got through we would argue the matter as long as she liked. My imperious manner impressed her, and she began to hustle getting ready to accompany me. We made quick time getting back to the place and found La Belle still sleeping. As soon as Nan saw Aunt Mary her nerves gave away and the two women had a good cry on each others shoulder.

I hustled out to see what I could do about the practical part of the affair, and I went to see the Big Boss. I was so early that he received me in bed, and after listening to my story he said to me, "Go to Dolons and see that she has just what she wants for the funeral, and then send the bill to me. I will see that she has a good funeral with ten carriages. I will send some of the boys and their wives to see that things go all right. Get all the flowers you need at Smedkins and I will pay for them".

After thanking him I went out in a daze. How a man with no visible means of support can afford to give a woman carte-blanche on a funeral was beyond me, still Dolon seemed to think there was nothing unusual in the proceedings, and as long as he was not worrying I saw no reason why I should. I started out to collect what money I could from his old friends, and had remarkable success, and what was best of all a saloonkeeper's wife overhearing my story, and after a few questions, presented a practical solution of my many difficulties. She insisted that the body and wife be brought over to her house, and the funeral be held from there. I objected to it as an imposition upon her, but was met with the argument, "Ach, w'ats

the use! We only sleep there. The poor devil it won't do him no good, but it is good for his wife's pride. I send Joey right over, and you can bring the whole thing right over wid you."

I thanked the kindly German woman, and went back to the miserable quarters with much hope in my heart. La Belle was awake, and somewhat refreshed, while Dolon, the undertaker, was putting the finishing touches on his work with great pride, when I whispered to him my luck in getting the house. His eyes brightened, he said, "the auld Dutchman is a gentleman," or rather I corrected, his wife is a woman, as it was she who felt for the other woman.

The house was known as the Dutchman's folly. It was a beautiful piece of architecture set in a bad locality, and as neither the man nor his wife was away from the saloon except nights, and they had no children, people could not understand that the house was only the culmination of a life long dream of two people who were too busy to enjoy it after it was obtained.

It contained the best of everything, carefully covered with burlap in order to save house-work and preserve things from dust, and when we got there with the body and its attendants, we had some thousand people around the entrance attracted by the unusual sight of the shades being up, and signs of life around the place. The house had been decorated by a firm of well known decorators and an atmosphere of beautiful harmony was noticeable all around the place.

Aunt Mary and Nan gasped with astonishment at the surroundings. Neither one had ever seen anything like it before, and the girl was entranced at the beautiful Italian statuary that was placed in niches around the walls.

The body was laid in state in the dining room, with an elaborate candelabra shedding prismatic lights over the scene.

Everybody was as happy as circumstances would allow, except Dolon the undertaker and he berated me soundly for not giving him a tip that we were going into a house like this. He was disgraced because the casket was so shabby.

"Well," I said, "Dolon if your conscience is troubling you get one here that will ease it somewhat".

This he did in a hurry, and one that no one need be ashamed to be found in.

Aunt Mary sought me in great distress, to know what we were to do about suitable clothes for La Belle. I gave her the money I had collected and she went out and purchased what was necessary, and worked all night making a dress, and fixing other things for Nan and La Belle.

I have been master of ceremonies many times in my life, but never at as popular an affair as this one. Neighbors crowded in, all offering help and condolence, impelled by real sympathy and real curiosity to see this house that they had all heard about and none of them had seen.

So great was the excitement that the Dutchman closed his saloon for the first time in years to pay respect to the dead, and incidentally to enjoy the astonishment of his neighbors. While the excitement was at its height I stepped out long enough to look up my firm of decorators and turn them loose in Aunt Mary's house, as I had so timed the funeral arrangements that the two women would not get back until the birthday party was in full blast.

News of our good fortune must have been carried to the Big Boss as we were honored by his presence, and he looked with approval upon our efforts, but thought more flowers were necessary and he ordered several set pieces and a cart load of American Beauties so that the place looked like a flower garden by the time the funeral was held.

The service was read by an Episcopalian minister and I was astonished by

a cavalcade of thirty-five carriages, while some of the important political lieutenants were present as pall bearers.

The political band of the ward organization escorted us to the depot where a great number of people went with us to the cemetery.

La Belle bore up well under the strain, and was compelled to accompany Aunt Mary and Nan to their home to stay until her plans had matured for the future.

(To be continued.)

VARIOUS TOPICS.

One of our best internal remedies for carbuncles is dilute sulphuric acid in 20 to 30 drop doses well diluted every four hours.

A good baking powder is:

℞

Cream tartar.....2 parts
Sodium bicarbonate.....1 part

In case of ptyalism from mercury thrush, tonsillitis, etc., the following is of great value:

℞

Potass chlorate
Chlorate hydrate
Phenol crystals.....aa ʒj
Aqua q. s. ad.....℥xvj

Sig. Use as a wash and gargle every two or three hours.

Triturate the chloral and phenol together before adding the other ingredients.

Salol is a valuable drug to be used after any kind of instrumentation of the uretha. One writer who had control of a large dispensary with many cases of gonorrhoea, a large per cent of them chronic alcoholics, said:

"I have passed any amount of instruments on these patients and have regularly prescribed salol capsules in five grain doses every two hours till four or five are taken and have never had a case of urethral chill or fever or epididymitis following such instrumentation".

The exanthematic or baunscheidtism method of treatment is a method not generally known to physicians. The skin is first punctured with an instrument containing a number of needles and an oil applied over this. The oil can be obtained from several sources and is secret. An investigation of this oil proved it to be or at least depend upon the croton oil present for its therapeutic action. It is sometimes pretty severe but of some value in selected cases where counter irritation is indicated.

Equal parts of castor oil and magnesia usta also called calcined magnesia produce a castor oil in powder form which is odorless, tasteless, stable and has the same therapeutic efficiency, equal to the same dose of pure castor oil. It is believed that only four to ether. It is miscible with water, withcally with the magnesia, the rest being recovered unchanged on extraction with ether. It is misible with water, without separation of oil. It can be flavored with most any aromatic if desired.

Febriline is nothing but a mixture of amorphous quinine and simple syrup, two to five grains of the genuine to each drachm of the syrup. I call it syrup of quinine. It is compatible with ammonium carbonate, ammonium chloride, bismuth subnitrate, any of the bromides, sodium salicylate, potassium nitrate, zinc sulphocarbolate, potassium iodide, iron carbonate, and iron by hydrogen. In chronic malaria a combination of syrup of quinine, potassium iodide and iron by hydrogen, is of great value. The syrup of quinine is compatible with most anything, except acids and alcohol. Acids or alcohol dissolve the quinine and develop the bitter taste. The small amount of alcohol in fluid extracts will not develop much better taste.

J. A. Burnett, M. D.

RUNDSCHAU

By H. SPEIER, M. D.
Minneapolis, Minn.

THIOSINAMIN.

Thiosinamin, of whose power to dissolve scar tissue and consequent wide range of applicability, the Rundschau has spoken at various times, is rather slow in coming into its own. Still, every now and then notices are found mostly in German periodical medical literature, of new uses to which the drug has been put to advantage. The latest is a report by Dr. Knotz in Mediz. Klinik of the beneficial action of fibrolysin, a compound of thiosinamin, on the anchylosis of joints secondary to rheumatic affections. The drug was given by hypodermic injection with no other medication but supplemented by hygienic and dietetic measures and warm sulphur baths and later active and passive movements. Several patients felt slightly exhausted on the day of injection, but no objective symptoms were felt. The single dose was 2.3 c.c. subcutaneously, in one case 6.9 c.c. and the following day 4.6 c.c. were given without untoward effects. The largest total amount was 117.3 c.c. One patient, aged thirteen, received 41.4 c.c. and another, aged seventy, 20.7 c.c. Both exhibited pronounced heart lesions. The only disagreeable symptom resulting was a slight inflammatory reaction at the site of injection which rapidly disappeared under moist dressings. The results in general were very good especially where the anchylosis was due to the presence of extra articular connective tissue. Less improvement was seen in the presence of pus and where the condition of the joint was due to gonorrhea. Little good resulted from the use of fibrolysin when actual ossification had taken place. There is no reason to expect results in such cases for the action of thiosinamin is expended on scar tissue.

It is strange that a drug, which has been shown by numerous reports and which we have chronicled from time to time, to be of positive remedial value in a variety of conditions otherwise beyond the reach of medicine or even surgery and whose range seems almost unlimited, has not long since been universally accepted, but still remains comparatively unknown. Conservatism in the use of drugs is desirable, but may be carried too far.

ON WHOOPING COUGH.

That whooping cough is not the simple disease, as too commonly regarded by the laity and even physicians can readily be seen from vital statistics, showing that it ranks high as a cause of mortality. In the Boston Medical and Surgical Journal of January 20, the eminent pediatrists Roth and Morse give an interesting resume of the recent literature on the etiology of whooping cough. In 1900 Bordet and Gewgon described a bacillus which they found in great numbers in the first few days in several cases of the disease. But it was not until 1906 that they were able to cultivate the organism. Since then it has been found by many other investigators. In most instances it can be discovered only during the first week or two of the cough.

By animal experimentation it is shown that the organism secretes substances which produce a local irritating effect instead of a general systemic intoxication. Reports of the transmission of pertussis to animals by means of the bacillus are as yet conflicting, likewise experiments on agglutination of human blood. It seems likely that this

organism is the infecting agent in whooping cough and that further work will produce practical results.

In regard to treatment the communication of Cushing to the Cleveland Medical Journal deserves notice. He insists upon out door treatment, even for small babies, making use of a sleeping porch, if possible. At any rate every window in the child's bedroom should be kept wide open at night. Cold fresh air of a winter night he says is far the most efficient nocturnal sedative for the cough of pertussis. If vomiting is very troublesome he advises Kilmer's belt, for the cough itself he uses belladonna, beginning with one drop of the tincture three times a day, after meals, increasing it by one drop each day until the point is reached where a distinct flushing of the cheek occurs within an hour after taking the medicine. When this point is reached he keeps the dose stationary. If this does not succeed, he advises antipyrin, one grain for each year of the child's age, in solution three times a day. Sprays and vapors he considers useful adjuncts. The editor of the Rundschau has for a considerable time obtained good results from heroin in small dose, never more than half a grain to two ounces of water, a teaspoonful given not oftener than once in two hours.

DIVISION OF FEES

Why, that matter is settled, at least we have been told so repeatedly by those who pretend to shape and control medical opinion. But it cannot be settled beyond all doubt, for the question does pop up again and again. Recently it has disturbed medical circles in Detroit, its discussion fills many pages of the Detroit Medical Journal. The same old arguments pro and con which we have given before and will therefore not repeat, with some uncommonly plain speaking. One man says: "All fairly well informed medical men know that, however much the profession may decry it, it (division of fees) is being done to a greater or less extent", Another is even more outspoken. "The truth remains." he says, "that surgeons of Detroit do divide fees; that they importune the general practitioner for business on such a basis; that 99 9-10 of all practitioners will not hesitate to accept such a rake-off and accept it gladly and without a scruple. The writer knows that the same is true of other cities, perhaps not to the same extent that our Detroit brother claims. It is not possible to determine to what extent the practice exists. It does persist, however, without doubt; there is no use in trying to deny it. One might infer that all the indignation vented before societies and in journals is for the purpose of "saving face" and that the talking is done by the few, the surgeons and specialists, while the many do a lot of quiet thinking and saw wood. It may be true that here and there a physician peddles out his case to the highest bidder, for there are those in the medical as in other professions who chase a dollar regardless of every higher consideration. But it is not the rule. Almost always the general practitioner will select the surgeon or specialist whom he regards as the most competent and leave the arrangement of the fee for later settlement. A question like this, which in the ultimate analysis is one not alone of ethics but also of economics, cannot be settled readily. It will not be settled until every party to it, patient, surgeon, general practitioner can get his proper due. At present the general practitioner seldom gets his. We predict that the question will remain open for a good while.

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It is claimed that a tablespoonful of pure olive oil has the same nutritive value as one egg. If this is true it could be used externally with good results in wasting diseases. John A. Burnett, M. D.

THE WISCONSIN MEDICAL RECORDER

J. P. THORNE, M. D.
EDITOR
Janesville, Wis.

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We are not responsible for the opinions expressed by our conrtibutors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 13 MAY, 1910 No. 5

IN LONDON WITH THE EDITOR.

When this number of The Recorder reaches its readers I shall be on the way to London, England, to see the world's metropolis and visit its hospitals. I shall prepare some illustrated articles on London, medical and otherwise which will start in the July issue. I expect to obtain needed recreation, and to profit by the clinics and hope to give readers of The Recorder some interesting glimpses of the great city. I intend to give a description of the London hospitals and their clinics. The June Recorder will be issued early in June and the July number in the latter part of July.

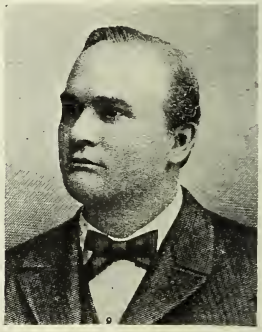
DR. BYRON ROBINSON

"He was a man, take him for all in all,
I shall not look upon his like again".

Byron Robinson is no more. The work of his brain and hand will no longer enrich the medical profession.

Fred Byron Robinson, M. D., died at his home in Chicago, March 23, aged 53. He graduated from Rush Medical College, Chicago, in 1882 and from his graduation to his death devoted his every energy to his profession, when not occupied with his practice he was engaged in original research and literary work. He was unknown at social clubs as he had no time to spend in social pleasures.

Some of the positions he had held were: professor of anatomy in the Post-Graduate Medical School and Hospital, Chicago; professor of surgery in the College of



DR. BYRON ROBINSON

Physicians and Surgeons, Chicago; for thirteen years professor of gynecology and abdominal surgery in Illinois Medical College; professor of gynecology and diseases of the abdominal viscera in the Chicago College of Medicine and Surgery. He was surgeon to a number of Chicago Hospitals. He wrote a number of medical works but his greatest book is "The Abdominal and Pelvic Brain" which was reviewed in The Recorder when first issued. Dr. Robinson's original work in anatomy will cause his name to go down in medical history for ages to come. His name

will live when most of the physicians of today will be forgotten. Nearly every volume of The Recorder has contained some of his original articles and drawings. His important contribution on Sphlanchnoptosis was first published in The Recorder several years ago. His death is a loss to the profession and to the world.

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SOCIALISM

(Continued from page 212)

ish abundant opportunity for such distinguishment. But only merit and not cunning would be rewarded. A person could have much or little, according as he worked for them, of necessary private property—a home, furnishings, books, pictures, etc.; and honor and important offices for distinguished service; or for inventions, great learning, or works of art. But it would be a kind of competition that would injure no one. It would simply "respect the rights of every one."

O. C. Mastin., M. D.

Fort Payne, Ala.

♣ ♣ ♣

ALL IS VANITY

By Grace M. Norris, M. D.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books of interest to doctors. Items of literary news will furnish information on progress in the world of literature.

Medical Diagnosis. A Manual for Students and Practitioners, by Charles Lyman Greene, M. D., St. Paul, Professor of Medicine and Chief of the Department in the College of Medicine, University of Minnesota; Attending Physician to St. Luke's Hospital and the City and County Hospital; etc. Third Edition, Revised. Pages 725, with 7 Colored Plates and 248 Illustrations. Price, Leather, $3.50. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

Correct diagnosis is an essential in the successful practice of medicine today. This work is a convenient and practical guide to diagnosis which can be used frequently for ready reference. There is nothing superfluous in the descriptions of disease, only the necessary facts presented clearly and concisely. The arrangements of the text with running page heads and marginal notes facilitates ready reference to a remarkable degree, and this is aided further by an analytical table of contents and a very complex index.

After introductory sections on the outward signs of disease, the diagnostic significance of age, sex, social status, etc., and the aid to diagnosis afforded by the previous history, the diseases of special organs and parts of the body are considered; then follow the symptoms of diseases associated with changes in the blood and ductless glands, infectious diseases, intoxications, parasitic diseases, the group of rheumatic affections including gout, the nervous system, and the symptoms and treatment of acute

poisons; an excellent summary of malingering and the means of detecting it is also included.

The work has been revised to date so that it is a reliable, modern working guide. The many illustrations are very clear and distinct and most of them are small so as not to crowd out too much text. The book is splendidly bound in leather and will stand much hard use. We can commend the volume as a very satisfactory work on diagnosis.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology Rhinology, Laryngology, Hygiene and Other Topics of Interest to Students and Practitioners, by Leading Members of the Medical Profession Throughout the World. Edited by W. T. Longcope, M. D., Philadelphia, with the Collaboration of Wm. Osler, M. D., John H. Musser, M. D., A. McPhedran, M. D., Frank Billings, M. D., Charles H. Mayo, M. D., Thomas H. Rotch, M. D., John G. Clark, M. D., James J. Walsh, M. D., J. W. Ballantyne, M. D., John Harold, M. D., and Richard Kretz, M. D. with Regular Correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume I., Twentieth Series, 1910. Pages 301. Illustrated. Cloth, Price $2.00. J. B. Lippincott Co., Philadelphia.

The first volume of each series of this work is the annual year book number. The subscribers to the work in addition to a great variety of postgraduate and new medical literature are thus supplied with a digest of the year's progress. An excellent resume of 1909 medical literature is given in this volume. Dr. A. A. Stevens, of Philadelphia, summarizes a year's advance in Treatment; Dr. John H. Musser, of Philadelphia, and Dr. Lucius Tuttle, of Philadelphia, present abstracts of the literature of Medicine; Dr. Jos. C. Bloodgood, of Baltimore, gives the latest in Surgery.

Some of the articles in the volume are: "The Serum Diagnosis of Syphilis", by Homer F. Swift, M. D., of New York; "Studies on the Serum Diagnosis of Syphilis With Especial Reference to the Antihuman Haemolytic System", by Hideyo Noguchi, M. D., of New York; "The Newer Diagnostic Methods of Syphilis of the Nervous System", by B. Sachs, M. D., of New Work; "Symptomatology of Pellagra", by J. J. Watson, M. D., of Columbia, S. C.; "The Treatment of Pellegra", by James M. King, M. D., of Nashville; "The Tuberculins and Their Diagnostic and Therapeutic Use", by John Benjamin Nichols, M. D., of Washington; "Some Recent Additions to Our Knowledge of Purin Metabolism and Their Bearing on the Problems of Gout, by H. Gideon Wells, Ph. D., M. D., of Chicago; "Chronic Mucous Colitis, by Dudley Fulton, M. D., of Los Angeles; "The Diagnostic Value and Therapeutic Effects of the Bismuth Paste in Chronic Suppuration", by Emil G. Beck, M. D., of Chicago; "Tuberculosis of the Thyroid Gland, With Report of a Case", by A. E. Halstead, M. D., of Chicago; "Progress of Gynaecology and Abdominal Surgery During the Last Twenty Years", by A. Lapthorn Smith, B. A., M. D., of Montreal; "The Hygiene of Menstruation", by Ernest Boyen Young, M. D., of Berlin; "Eye--Strain Among School Children", by Aaron Bray, M. D., of Philadelphia; "Tabes Dorsalis—Its Rational Treatment in the Light of Its Pathogenesis", by Tom A. Williams, M. D., C. M., of Washington; "Investigation of the Portio Vaginalis of the Uterus in Relation of Conception", by June Kichi Kimura, M. D., of Tokyo.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

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ELECTRO-THERAPEUTICS

By William R. D. Blackwood, M. D. Philadelphia, Pa.

(Continued from Page 187 May Recorder)

Last month we spoke about malnutrition, and alluded to indigestion, and now we refer to a few points as to what causes dyspepsia, the national disease along with post-nasal catarrh. We see indigestion arising from lack of muscular tone in the stomach, from inadequate gastric fluids, from not enough intestinal juice to transform the fats and oils into an emulsion which can be taken up by capillaries of the intestine and omentum. The nerve force is below par, of course, and for this reason electricity is indicated. I use both galvanism and faradism, the first to act on the gastric plexus, and the other to urge secretion. It is well to keep the flow for fifteen to twenty minutes at each treatment, for the first effect is to drive out the contents of the stomach if there is but little in it; then the current gets a chance to do its work on the organ itself. When treating the stomach it is well to give the patient just prior to the current being used, a large drink of water, a little common salt in it, if they do not object to the taste, and this aids in diffusing the flow of electricity. This is one of the small points which does considerable in aiding us in our work. I have found that if we do give digestives, the current does better work with them, and when I use pepsin I always add to it pancreatin, and sometimes taka-diastase also. The latter is good, but its unnecessary cost prevents its use to many folks who are not millionaires.

Those who employ electricity much, must have noted the fact that the sensation grows less, after a short time, to the patient who generally thinks that the current is not so strong as it was at first, but this is not the true explanation. After the flow has lasted a short while, the nerve ends become anesthetised and the sense of current strength is obtunded. Often they will request you to give them more, which you may, or may not do, according to the enviroment. There is a dose for electricity as for strychnia or salts, so it does not do to always keep the patient feeling that he is getting all that comes to him—we can overdo the matter. Explain this to them, and I refer to this matter to call attention to the power of electricity to lessen pain. In the static "brush" flow we possess a good thing in headaches and some forms of neuralgia, or we may use the high frequency apparatus which is better than the glass machine because it never is affected by humidity. I do not think that electricity will ever be used as an anesthetic in the same sense that cocaine is employed, but all the same I have opened more than one painful abscess under its benumbing power. Another point is this:—many years ago I noticed that when using strong faradic currents about the head or neck the patient grew drowsy, and I began a set of experiments to see what could be done in this direction. Without going into expansive remarks I simply state that more than thirty years

ago I called attention to electricity in the Medical Bulletin and Medical Times of this city in this matter, and suggested the probability of its being after awhile employed as a sleep-producer. Within some years or so past papers have been written by authors calling attention to this as though it was something new. Many a time I have had a patient go soundly to sleep whilst using general galvanization, or when giving a dose to the head of high frequency flow. I often use it to cause sleep in typhoids where they can't overcome the tendency to insomnia especially where delirium is present. Try it with a weak faradic application, but if you have the high tension apparatus of course that is the thing to use. I have one lady who comes to me once or twice monthly just to get soothed a little when she is not at all sick in the ordinary sense of the term.

(To be continued.)

PHYSIC IN YE OLDEN TIME

By D. L. Field, M. D., Jefferson, Ind.

(Continued from Page 190 May Recorder)

Celsus was a native of Italy, and flourished under the reigns of Augustus, Tiberius and Claudius Ceasar. He was a great admirer of Hippocrates, and left strong testimony to his memory, and the fame of his works. "His doctrine," said he, "has spread over every land; and when a thousand years have passed, it shall perform thousands of cures, and carry relief and consolation to the afflicted race, the world over".

He practiced the system of his great preceptor, and gained from his discoveries, great skill in inflammatory and malignant fevers,—especially, the plague. He was the author of eight books on medicine,—the first four treated of internal diseases; the fifth and sixth on external diseases, while the last two, treated on cases that belonged to surgery. He was greatly beloved in Rome, and held in the highest esteem by the emperors.

Galen was a native of Pergamus, and was a diligent and laborious student. He also followed very considerably, the Hippocratic system, and wrote a commentary on his works. In it he acknowledges his vast obligation to the "father of medicine"; and he mentions his knowledge of the circulation of the blood, and his great knowledge of anatomy. Galen seems to have followed the advice of Hippocrates, as he traveled through many countries to enrich his knowledge of the healing art. He visited the schools of Greece, and Egypt, and islands of Crete, Cyprus and Rhodes; made voyages to Lemnos, to examine the Lemean earth, which was then celebrated as a medicine, (antiphlogistine?); traveled in Palestine, and the lower Tyrus, to examine the properties of the "balm of gilead". He returned to Rome during the reign of Marcus Antonius, and was received with great distinction. But his success soon excited the envy of the Roman physicians, who branded his as a "visionary and theorist", and charged that he used magic in his practice. He retorted upon them by calling them "methodics". His situation became very unpleasant, finally, as he found such a storm of opposition gathering, that after remaining five years in Rome, he returned to the place of his birth. After remaining sometime at Pergamus, the plague made its appearance in Rome, and Marcus Aurelius sent for him; he came, and saved the lives of two sons of Marcus. This circumstance so entrenched him in public confidence, that all hostility ceased. Finally Aurelius died, and he

returned again to Pergamus, where he died at the age of ninety years. History says he was a man of a sickly, delicate constitution, but by temperate habits, care of his health, and his great skill and knowledge of medicine, he was enabled to prolong his life to such an advanced age.

Perhaps, except Hippocrates, no man reached greater fame as an author, and practitioner, than Galen. It sounds unreasonable, but it is said Galen was the author of five hundred volumes on philosophy, and medicine. They were deposited in the "Peace Temple" at Rome, and were destroyed in the great conflagration. However, five volumes were in the hands of friends, and were published with those of Hippocrates, and they constituted thirteen volumes.

The career of Galen, while reflecting great honor upon himself, and leaving a legacy of great achievements and writings, yet in some respects, his life was a melancholy one, in that he never enjoyed smooth sailing, but was tempest-tossed by bitter wars of opposition, and abuse, by calumny, criticism, and persecutions. Then after years of toil with the pen, in order to leave his knowledge in cold type, that future generations might reap the fruits of his efforts, the cruel flames swept them away.

It must be remembered that between Hippocrates and Galen, there was a long period of eclipse in the science of medicine. It was in the hands of mountebank priests, monks, and old women; in the hands of magicians, astrologers, empirics, and frauds of every description. The coming of the great Galen inaugurated a revival of scientific and practical knowledge of medicine; consequently, his labors were hard, and it took courage and skill to stem the opposition of ignorance, superstituion, and graft, of quackery which usurped the place of scientific medicine. He succeeded, however, in bringing about a revival of true sciences, but he had a sad trial of it.

While Galen was virtually driven out of Rome, because a sect of empiries held sway there, yet the Galenic system never suffered eclipse. The Greeks were the first to establish the practice of medicine in Rome. Cato says: "For five hundred years, it was in a very rude and imperfect state, and confined almost entirely, during that period, to women; they were the most abominable imposters and practiced incantations, charms, magic, etc. They professed to have an infallible remedy to exorcise disease, called the 'brassica' ". They are succeeded now-a-days by christian science healers; absent treatment cures, and many other faith cures.

The first Grecian physician who invaded darkest Rome, was Asclepiades, and while he was educated as a physician, was a teacher of rhetoric; not making a success in that line, as Rome had orators to burn, he studied medicine, and formed a system of his own.

After the days of Galen and Celsus, medical science slumbered, as wars upon wars, separated the whole fabric of science. After a long lapse, Sennertus and Riverius, collected with great labor and care, the writings of Hippocrates, Celsus, and Galen. The whole of the sixteenth, and part of the seventeenth centuries, were spent by Sennertus, Riverius, and their disciples, and successors, in expounding, and commenting on the systems of the ancients. They were the Galenists. Finally, in opposition to the Galenic theory, arose Paracelsus, with his chemical theory, and his followers held sway in the medical world, to the end of the seventeenth century. Following on the heels of systems then in vogue, came the discovery of the true circulation of the blood, and the discovery of the office of the thoracic duct, and these things knocked a hole in the Galenic system. The 'humoral pathology" prevailed for

a great while, even down to the beginning of the last century.

About the middle of the seventeenth century, arose also, the great Sydenham. Cullen said his writings would be considered a standard, as long as they shall endure. Of course, any system or theory, in those early times of research, experiment, and discovery, would endure till something should arise to supplant it! Sydenham insisted on the importance of a full, and complete description and history of disease. Who didn't? He also urged a necessity for having a fixed and perfect remedy for every disease. Can such a specific medication ever be obtained? His rationale was that disease was the result of exhaustion of vital force, and that theory was one of stimulation, restoratives, and vitalizers. Sydenham claimed, even in his day, that the materia medica was over-stocked, and the physician thought everything could be boiled down to specifics. In his day, he was branded as a quack.

I heard a learned physician say, once, that Cullen's works, and Boerhave's Aphorisms, were false deductions, and empty sophisms. He was so smart that the could criticise the founders of medical science! In all probability he had never investigated the early history of medicine. In the evolution, and progress of medical science, every step forward, was in the line of discovery and improvement, and all systems were good in their time, and accomplished great things. To return to Cullen, he says: "I have endeavored to form a system of physic, that shall comprehend the whole of the facts relating to the science, and that will, I hope, arrange them in better order than they have been heretofore. The affections of the motions, and moving powers of the animal economy, must certainly be the leading inquiry, in order to determine the diseases of the human body. I have assumed the general principle of Hoffman, and I have avoided introducing the many hypothetical speculations of the humoral pathology, which have disfigured all the other systems hitherto prevailing. There is within us a strange mixture of the material, and immatorial part, evinced by their operations, and these are liable to very great irregularities. Hence, the laws of the nervous system, are not even tolerably ascertained. We speak obscurely of it, and shelter ourselves under the general terms of spasm, sympathy, etc., which are used with as little precision, as malignity was employed, of old."

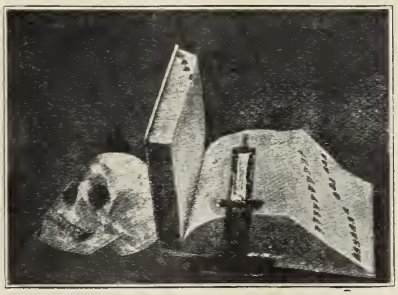
Boerhave was a man of great erudition, and in forming a system of physic, he studied diligently all the writings of both ancient and modern physicians. He claimed to be honest, candid, and a genuine eclectic. While his system finally failed, he at first gained a high reputation, and his system at one time, attracted more attention than any following the days of Galen. Cullen characterized his aphorisms as "full of defects and errors, and said they ought to be set aside."

From Galen to Cullen, their systems and theories, were, in the light of the present state of science,—more or less uncertain, unsatisfactory, and contradictory. Galen was an athiest, but was converted by the study of the human mechanism, and lived to compose a hymn of praise to God, for his wisdom, and power, in the structure of man.

The theories of the ancient men of learning and renown, were given undue weight and hence retarded progress for a great while. Had they not been governed so much by hypothesis, their great ability would have led to greater trophies in the true science of medicine, and we can but lament that their memories furnish little more than monuments of wasted energies, and talents. Theory, unsustained by anything save the authority from which it emanated, ruled the medical world. Facts were made to bend to theories, efforts to es-

tablish principles by observed truths, were denounced, and thus false theories, and worse practices, were perpetuated for long periods. Respect by the great body of physicians, especially those who never investigated for themselves, and who were afraid of professional alienation if they did not respect the authority of the leading theorists, resulted in smothering the feeble, flickering rays of light, as did the inquisition in the dark ages. Instead of looking upon disease as an entity, as were the teachings of the old authors, and that for each variety there is a specific, we have learned that disease is simply a departure from health, an abnormal condition of the organs, a perversion of physiological laws or actions, depending upon some anomolous or specific cause. We have studied its natural history, and found that it is often self-limited, therefore, instead of attempting to forcibly drive it from the body, we now endeavor to clean the path of all complications, and aid the "Vis Medicatrix Naturae" The present day rule is to reject dogmas within, and heresies without. The history of medicine in all times, shows that there has been a gradual concretion of parts, going in the main to make up an accumulation of knowledge —valuable and indispensible to all, while at the same time it shows that numerous so-called systems of medicine, have existed, which, fruitful of empty ideas, and useless fancies, have "dragged their slow length along", and decayed.

Wild and groundless fancies have, with as groundless theories, held sway long after their fallacies have been exposed. The time was, when attempts to disprove and eradicate the dominant theory, however fallacious it may have been, was attended with danger. For example, we name Harvey, who discovered, however a great truth, and demonstrated it, yet so sceptical had the scientific world become, because of the rapid succession of theories, and discoveries, that he was dishonored by his contemporaries for long years. He lost his practice, left the country, and was lampooned from one end of Europe to the other, and no English physicians at that time, who had attained the age of 40 years, acknowledged the truth as to the circulation.



Sydenham was called "murderer", because his theories were regarded as dreadful.

Bartholin said: "There is not a doctor in Montpelier, who acknowledges the lacteal vessels,—wedded are they to the authority of Galen, for which they contend as though for their altars, and their homes, and disregard the experience of the moderns."

Even Harvey, when the thoracic duct was discovered, could not at first loosen himself from early prejudice, and give up the prevailing belief that the lacteals all terminated in the liver, and the very Bartholin, who saw the folly of the Montpelier doctors, never believed in the exclusive office of the thoracic duct.

When Varolus made his anatomical discoveries he was derided as the "most infamous, and ignorant madman". He was reproached for "dazzling his auditors by a seductive eloquence, and with artificially effecting the prolongation of the optic nerve as far as the thalmi".

With what indignation, and animosity, have the greatest benefits been rejected. It was said even of Newton's philosophy; "That it was scowled upon; taste was digusted by it, and fashion was ashamed of it".

(To be continued.)

CARE OF THE PREGNANT WOMAN

By ELI G. JONES, M. D., Burlington, New Jersey

In one of our medical journals I read that a doctor should have 33 instruments and 14 remedies in his trunk, then he is prepared to attend an obstetric case. In the 4,000 hours of instruction given to medical students in Philadelphia during the winter, 50 per cent of the time is devoted to surgery, thus it would seem that they deem it of more importance to know how to "cut up" a patient than to know how to cure them. Now-a-days great stress is laid upon the "operative" part of midwifery, but little is said about the medical preparatory treatment of the pregnant woman. A young doctor goes to a confinement case with visions of turning, flooding, false positions, convulsions, etc., but is not taught how to prepare the pregnant woman for her "hour of trial." One thing he always seems to forget, that child birth is a natural process of nature, that meddlesome midwifery is bad and uncalled for, that in 9 cases out of 10, nature will do the work if we will only let her alone and not try to "butt in." The young physician gets impatient, he is in a hurry and of course, imagines he must use the forceps or, chloroform the woman or inject some kind of "dope" into her, so she won't feel the pain. If the pains are not strong enough to suit him, ergot must be given to hurry them up. Ergot with the powerful contractions of the uterus that it causes, has killed thousands of babies in this world of ours, and is entirely out of place in labor. The use of the forceps is liable to produce a laceration of the perineum. I have never met with a case of laceration in my practice but have met with it in other patients where the forceps have been used. The use of instruments to deliver a woman will cause trouble after confinement, it makes business for the doctor who treats diseases of women.

In my student days I attended lectures of obstetrics under four different teachers, two of them were practical men and their teaching was of a practical nature. They had the largest obstetric practice in their respective cities and in 30 years practice had never used the forceps to deliver a woman. In my own practice of 40 years I have never used the forceps or had a pair in my possession and during that time I have had 300 cases of midwifery and others where I was called in consultation. I have never had a case of convulsions, post partum hemorrhage, or laceration of the perineum in my practice, but have seen many such cases in consultation. Why did I not meet with such cases? Because I put the woman under a preparatory treatment beforehand. The Indian women never have a doctor in such cases as they know how a treat themselves. They drink a tea of squaw vine or partridge berry (mitchella repens) before their confinement and thus have a quick, easy labor. The eclectics have used the mitchella repens for 75 years and it has given them splendid success in their obstetric practice. When I have a case of pregnancy to attend, about two months before confinement I put the patient upon the following mixture:

℞

Fld. ext. mitchella repens....ʒiv
Fld. ext. cimicfuga.....ʒiv
Syr. sarsaparilla q. s.....℥viii
Mix. Sig. Teaspoonful 4 times a day.

When we use this remedy there will be no post partum hemorrhage, no convulsions and no kidney trouble. The labor is generally quicker and easier than without the above remedy. Should any symptoms of kidney trouble arise, we may clear the urine with fld. ext. queen of the meadow, 15 drops three times a day, after meals. It is very important

that pure, reliable fluid extracts be used as some of them in the drug stores are worthless. Many a doctor has lost confidence in a good remedy by getting a poor preparation. I would urge upon my brother physicians to lay aside all prejudice and give the above remedy a fair trial. It will prove a God-send to thousands of expectant mothers and will increase the doctor's obstetric practice 50 per cent.

For the constipation that many women have in pregnancy I depend on cascara cordial; for piles, tr. aesculus (buckeye) 5 drops, night and morning. In symptoms of miscarriage give teaspoonful Hayden's viburnum compound in a cup of hot, sweetened water once in half an hour. In constant flowing with danger of placenta previa or miscarriage with no pain, I give the same remedy, half a teaspoonful once in 2 hours in cold water. I have had cases of "false conception" where it seemed as if the woman would flow to death, gradually checked by the remedy as given above.

The above mitchella comp. will help the pain in "left side" so many women complain of, also the cramps in uterus and legs, during pregnancy. In case of a weak heart in the pregnant woman, I give 3 drops tr. digitalis three times a day. Some women at such times are troubled with the tooth ache; it is the call of nature for lime, women often crave chalk, let them have it, they need it. A pregnant woman should be given lime in some form either have her nibble chalk several times a day or give her 5 grains phosphate lime, three times a day. Do this and the baby will have less trouble in teething and there will be more probability of a healthy child. The idea that lime hardens the bones and must not be given during pregnancy is foolish. Nature knows her business and when she calls for lime, give it to her. To harden the nipples before confinement I use a mixture of yolk of an egg and glycerine, equal parts, apply it once or twice a day a month before childbirth. I have the patient bathe the abdomen at night every day for a month before confinement with warm sweet oil, adding one fluid drachm of tr. arnica to the ounce of sweet oil. This is relaxing and takes away much of the pain and soreness in the abdomen during the last month. If at the time of labor there is a rigidness, an injection of warm water per rectum will clear out the rectum and help relax the rigid os; add 20 drops of tr. gelseminum to a goblet of water and give her one teaspoonful, once in half an hour. You can depend upon this remedy to relax the os uteri. If the pains don't seem to be "doing very good" are not strong enough, don't give ergot, give 20 drops tr. cimicifuga in goblet of water; one teaspoonful once every half hour; this remedy will produce natural pains, hasten delivery; it will not hurt the mother or child. If the afterbirth doesn't come right away with the child, wait a few moments, give a dose of the above mixture, then grasp the hand firmly over the uterus, encourage the uterus to contract, tell the woman to "bear down" and one or two pains will expel the placenta. It is cruel to compel a woman to lie in just a certain position during labor. I have found that a frequent change of posture will often hasten labor, as it changes the position of the child. In false positions of the child, face, foot, hand or breech. I have placed the woman in the genupectoral position, raise her knees about a foot high, let her head rest on a pillow face down, then between the pains, I can change the position of the child and thus hasten delivery. In cases where you are called to a woman flooding, a "bleeder" as they are called, there is one remedy that you can depend upon. It is "Warren's Styptic Balsam," you will find formula in American Dispensatory. Into an ordinary cup put

one teaspoonful of brown sugar, add 40 drops of the above remedy, mix it thoroughly together, then add water slowly stirring the mixture all the time until the cup is nearly full of water. Let the patient drink it all down at once. I have not found it necessary to repeat the dose but it may be repeated in three hours. With the above remedy in your satchel you need have no fear of any case of flooding during or after confinement. For the "after passes", you can control them with tr. gelsemininum, 20 drops in a glass of water, teaspoonful once in half an hour till relieved, this is also the remedy for "hour glass" contractions. In some pregnant women we find the nipples "drawn in" so the child can not nurse the breast. When you meet with a case of this kind fill a long necked bottle with hot water, let it stand till the bottle is hot, then pour out the water quickly and press the mouth of the bottle over the nipple, the suction will help to draw it out. Do this once a day till confinement, commence about two weeks before child birth. Suppression of the lochia caused by cold, with swelling of the abdomen may be overcome by applying a hot poultice of hops and wormwood wet up with hot vinegar, have two poultices, change them every 15 minutes. Internally give

℞

Tr. gelseminum.
Tr. cimicifuga.....aa gts. xx
Aqua .....ʒvi

Mix. Sig. Teaspoonful once in half an hour.

I have saved many severe cases with the above treatment. For symptoms of gathered breasts, I apply oil hemlock 3 times a day, rub it well into the breast. Give internally tr. phytolacca 20 drops in goblet of water, teaspoonful once an hour.

The above has been my treatment of the pregnant woman and during the many years I have practiced obstetrics, I have never lost a woman either in confinement or after. I would most earnestly urge upon my medical brethren to try the above preparatory plan of treatment for I feel confident that it can be depended upon, and with it many precious lives may be saved and the doctor who uses it will add to his reputation and make a host of friends with the ladies. I do not practice obstetrics at the present time but many ladies come to me for the preparatory treatment, for they have learned to depend upon it in the "hour of trial."

♣ ♣ ♣

A STUDY. Drawn by Grace M. Norris, M. D.

DERIVATION AND CHARACTERISTICS OF ACTIVE PRINCIPLES

By George L. Servoss, M. D. Fairview, Nevada

(Continued from Page 194 May Recorder)

KOUSSEIN.

Merck mentions this as an amorphous principle from the female flowers of Hagenia Abyssinica, obtained as a brownish, amorphous powder, soluble in alcohol, ether and chloroform. Other authorities give it as a resin from the Brayera Anthelmintica, obtained as a yellowish white, partly cystalline, disagreeably bitter, almost insoluble in water, quite soluble in stronger alcohol, in ether and ammonia and caustic alkalis. All authorities agree that it acts as an anthelmintic. Merck gives the dose as 15 to 60 grains, in four portions, at half hour intervals, followed by castor oil. Smaller doses have been found effective, 1 to 3 grains every quarter hour.

LACTUCIN.

Merck mentions this as the bitter principle from French Lactucarium, obtained as fine, white scales, soluble in alcohol, slightly in water, formula $C_{11} H_{14} O_4$, with sedative and hypnotic action. Merck gives the dose as 1 to 5 grains. No mention is made of this principle by other authorities.

LEONTODIN

According to Merck, this is an extract from the root of Taraxacum Officinale, obtained as a dark-brown powder, soluble in alcohol. It acts as a tonic, diuretic and aperient and is used in diseases of the liver and spleen. Merck gives the dose 2 to 4 grains.

LEPTANDRIN

A resin from Leptandra Virginica, obtained as a brownish-yellow powder, soluble in alcohol. Stimulates the stomach, liver and intestines and acts as a purgative. Specific indications are, drowsiness, dizziness and mental depression with tenderness and heavy pain in liver; tongue white, skin yellow, bitter taste, cold extremities, nausea, dull frontal headache, thirst with inability to drink, restlessness with insomnia, diarrhea with half-digested passages of clayey stools, feeble portal circulation with lassitude and mental depression. As a purgative the dose is 1-6 grain every hour, or one grain in a single dose.

LOBELIN

The Lobelin considered, is a concentration from Lobelia Inflata. It contains an alkaloid, Lobeline, the salts of the latter being used in preference to the alkaloid. They are the sulphates of Lobeline from the seeds and leaves of the plant. The sulphate from the leaves is a yellowish, coarse powder, soluble in water and alcohol. From the seeds, obtained in very deliquescent, yellow, friable pieces, soluble in water and alcohol. The salts of the alkaloid and concentration, Lobelin, act as emetics, nausients, expectorants, relaxants, antispasmodics, diaphoretics, sialagogs, sedatives, at times as cathartics, diuretics and astringents. The specific indications are, full, labored, doughy pulse, blood moving with difficulty; heavy, sore oppressive chest pain, angina pectoris, cardiac neuralgia, pulmonary apoplexy; mucous accumulation in bronchi, convulsive movements, rigid muscles and os uteri with thick doughy edges, rigid perineum or vaginal walls, nausea and sick headache, as emetic for tongue heavily coated at the base. Merck gives the dose of the sulphates of the alkaloid as 1 grain per day, while the dose of the concentration is 1-12 to 1-2 grain, always dissolved in hot water, at from five minute to half hour intervals to effect.

LYCOPIN

Lycopin is a concentration or resin from Lycopus Virginicus, obtained as a brownish powder, with peculiar odor and unpleasant, slightly bitter taste, soluble in alcohol and ether. Felter and Lloyd say that Lycopus is a certain sedative, mild narcotic, subastringent and tonic. It is indicated in vascular excitement, small hemorrhages from determination of blood to lungs, kidneys or gastrointestinal organs; albuminuria with fast pulse; debilitating chronic cough with free sputa; wakefulness and morbid vigilance with too active circulation; fast pulse with high fever, and in tuberculosis. The dose of Lycopin is 1-2 to 2 grains, before meals and at bedtime.

LYCORIN

Merck gives this as an alkaloid from Lycoris Radiata, obtained as colorless crystals, soluble with difficulty in water, alcohol and ether, melting at 208° C., formula C_{32} H_{32} N_2 O_8. Acts as emetic and cathartic. Dose not given.

MENISPERMIN

A concentration from Meninpermum Canadense. The plant contains two alkaloids, berberine and menispermine or menispine, one resembling the other closely in action. No description of the physical appearance and characteristics are given. Acts as a tonic, laxative, alterative and diuretic. Used where the skin is brown, tongue coated at the base, with red tip, irregular appetite and constipation. Dose one grain three to ten times per day.

MACROTIN

Aresinoid from Cimicifuga Racemosa, also known as Cimicifugin. Obtained as a yellowish-brown, hygroscopic powder, soluble in alcohol. Resembles digitalin in action on the circulation, but is less powerful. Causes contractions of the uterus; lowers reflex excitability of the cord, relieves pain and acts as an antispasmodic. Indicated for muscular pains; uterine pains with tenderness; false pains, irregular pains, uterine rheumatism, dysmenorrhea; as an antirheumatic when the pulse is open. pain paroxysmal, skin not dry and constricted; soreness and dragging pain in hips and loins, rheumatoid muscular pains and dyspepsia, chorea with absence of menses. Full physiological action or overdose is signalized by headache of busting, tearing character. Dose 1-6 to 1 grain till relief is obtained or characteristic headache or nausea result.

MENTHOL

Mint camphor, from the oil of Mentha Piperata and other peppermint oils. Merck terms it a secondary alcohol from the oils. It is obtained as colorless crystals, with a peppermint odor, soluble in alcohol, ether, carbon disulphide, oils and acetic acid, very slightly in water, melting at 43° C., formula C_{10} H_{20} O, or, C_{10} H_{19}. O H. Boils at 212° C. Acts as a carminative, depressant of the cord, antiseptic, cerebral stimulant, anesthetic, and analgesic. Used internally where a carminative is indicated; for the vomiting of pregnancy; gastric pains and colics, flatulence. Externally either by direct application to exposed nerve, as in toothache, or to the skin as a counter irritant. Dose 1-12 to 1-4 grain at frequent intervals to effect.

MORPHINE

An alkaloid of opium. Obtained as white prisms of silvery luster, with bitter taste. Soluble in amyl alcohol, 1-300 alcohol, 1-4000 ether, 1-5000 water at 15° C., (1-3330 water, 1-100 lime-water, 1-168 alcohol, 1-4464 ether, 1-1800 chloroform, 1-113.5 amyl alcohol, and 1-525 acetic ether, at 25° C., U. S. P.) Melts at about 200° C., with beginning recomposition; when rapidly heated, melts at 242 to 247° C., with pronounced darkening (254° C., U. S. P.). Is narcotic, hypnotic and sedative in action. Its actions and uses are well known and

it will not be necessary to enumerate them. Dose internally is 1-8 to 1-2 grain. The salts of the alkaloid are the Acetate, Citrate, Hydroiodide, Hydrobromide, Hydrochloride, Lactate, Meconate, Nitrate, Phtalate, Sulphate, Tannate, Tartrate and Valerate.

MUSCARINE

The alkaloid from Amanita Muscarious, obtained as a syrupy liquid, soluble in water. It closely resembles Pilocarpine and Picrotoxin in action, but is more toxic. Very little mention is made regarding the use of this principle. The dosage is in question, based upon the product employed. It is a difficult remedy to employ, owing to its rapid elimination.

NARCEINE

An alkaloid from opium, soluble in alcohol and hot water and obtained as white crystals, melting at various temperatures, based upon the content of water of crytallization. The formula is $C_{23} H_{27} N O_8$. $3H_2 O$. The actions and uses are the same as or morphine, without many of the bad effects of the latter. The dose is given by Merck as 1-3 to 3-4 grain, although smaller doses have been found effective. The salts of the alkaloid are the Hydrobromide, Hydrochloride, Meconate and Sulphate.

NARCOTINE

An alkaloid from opium, according to Merck, having a very weak basic power, obtained as colorless prisms, soluble in chloroform, hot alcohol, slightly in cold alcohol, ether, insoluble in water, melting at 171° C., formula $C_{22} H_{23} N O_7$. In action it resembles Codeine more closely than Morphine. It also has an antiperiodic action and is used in malaria to succeed Quinine. Merck recommends the dose as 3-4 to 4 grains, five times a day. The salt of the alkaloid is the Hydrochloride.

NICOTINE

Merck mentions this as an alkaloid from tobacco, obtained as a yellowish liquid, brown on exposure and of exceedingly acrid, burning taste, soluble in water, alcohol and ether, boiling at 247° C., Sp. Gr. 1.001 at 20° C., and says that it acts as a sedative and local irritant, and uses; internally in functional cardiac disturbances and chronic dermatoses; externally, hypodermically in paralysis of the bladder and as an antidote to Strychnine. Dose 1-60 to 1-20 grain. The salts of the alkaloid are the Hydrocloride, Salicylate and Tartrate.

OLEANDRIN

Merck mentions this as a glucoside from the leaves of Nerium Oleander, obtained as a white crystalline powder, acting as a heart stimulant and used instead of Digitalin. Dose not mentioned.

PAPAYOTIN

A concentration from Carica Papaya, obtained as a whiteish, slightly hygroscopic powder, soluble in water and glycerine, insoluble in alcohol, chloroform and ether. Acts as a digestant of meal, fat, starches and albumin, forming a peptone, also credited with antiseptic powders. Digestive power on blood fibrin is 1 to 200. Used to aid digestion and dissolve false membrane of diphtheria. Dose 1 grain before meals.

PAPAVERINE

Merck mentions this as an alkaloid from opium, obtained as white prisms, soluble in alcohol, ether and chloroform, in hot benzine, slightly in cold benzine, melting at 147° C., formula $C_{20} H_{21} N O_4$. Acting as a narcotic and sedative and used in diarrhea of children. Dose (for children) 1-12 to 1-3 grain. The salt of the alkaloid is the Hydrochloride.

PELLETIERINE

According to Merck, this is a mixture of the Pelletierine, $C_8 H_{15} N O$, and Isopelletierine, $C_8 H_{15} N O$, both alkaloids from the root-bark of Punica

Granatum, obtained as a brown, oily liquid, Sp. Gr. 0.988 at 0° C., soluble in alcohol and chloroform, boiling at about 195° C., and with teniafuge properties. The salts of the alkaloid are the Benzoate, Hydrobromide, Hydrochloride, Nitrate, Salicylate, Sulphate, Tannate and Valerate. The Sulphate and Tannate are most commonly employed. The dose of the first is 6 grains and the latter 3 to 8 grains.

PEREIRINE

Merck gives this as an alkaloid from the bark of Geissospermum Vellosii, obtained as a brownish, amorphous powder, soluble in alcohol, ether and chloroform, melting at 124° C., formula C_{19} H_{24} N_2 O., with antiperiodic and antipyretic actions and used instead of quinine in remittent and intermittent fevers. Dose 8 grains. The salt of the alkaloid is the Hydrochloride, dose 8 to 30 grains.

PERIPLOCIN

According to Merck this is a glucoside from the bark of the Periploca Graeca, obtained as a yellow, amorphous powder, soluble in alcohol and water. Actions and uses similar to those of Digitalin as a heart tonic. Maximum dose 1-60 grain.

PERONIN

Chemically, this is the Benzylmorphine Hydrochloride, obtained as a white powder, soluble in water and dilute alcohol, insoluble in ether and chloroform, formula C_{17} H_{18} N O_2. O. C_6 H_5. C H_2 H Cl. O weaker narcotic than morphine, without the bad effects of the latter and used instead of the latter when morphine is contraindicated, or in case of an idiosyncrasy. Dose 1-3 to 2-3 grain. Maximum single dose 1 grain, per day 3 grains.

PODOPHYLLIN

A resin from Podophyllum Pelatum, soluble in alcohol, insoluble in water. The active principle of the resin is Podophyllotoxin, a very bitter, white, resinous amorphous powder, soluble in diluted alcohol, hot water and partly in ether and chloroform, formula C_{23} H_{24} O_9. $2H_2$ O. A certain, but slow cathartic. Indicated in fullness of tissues, especially of superficial veins; oppressed full pulse; dirty, yellow tongue, and dizziness. Contraindicated by pinched features and tissues, contracted skin and tongue. Dose 1-67 to 1-6 grain of the resin Podophyllin.

PHYSOSTIGMINE

An alkaloid from Physostigma Venenosum. It is associated, in the plant with two other alkaloids, Calabarine, resembling Strychnine in action, and Eseridine, acting like Physostigmine, but milder. According to Merck, it is obtained as colorless, very hygroscopic crystals, which change readily to a red, resin-like mass, soluble easily in alcohol, ether, chloroform and benzine, slightly in water. Formula C_{15} H_{21} N_3 O_2, or C H_3 N H. C O., N. H. C_{13} H_{15} N. O H. It depresses the nerve centers, is antitetanic, relaxes the bowels, contracts the pupil, and acts as an analgesic. Used in convulsions, painful conditions, as a myotic and otherwise as indicated. Has not given good results in tetanus. The Salicylate and Sulphate salts are most frequently employed. Single dose 1-250 to 1-134 grain, daily dose not to exceed 1-50 grain, divided, for adult. The salts of the alkaloid are the Benzoate, Bisulphate, Borate, Citrate, Hydrobromide, Hydrocloride, Nitrate, Salicylate, Sulphate, Sulphite and Tartrate.

POPULIN

A concentration from the bark of Populus Tremuloides, containing two glucosides, Populin and Salicin. Acts as a tonic and ferifuge. Used in marked debility with imparied digestion; tenesmic vesical irritation; tenesmus after urination. Dose 1-6 to 1 grain before meals and at bedtime.

(To be continued.)

THIRTEEN UNCANNY TALES

VII—THE INVISIBLE WITNESS

By GRACE M. NORRIS, M. D.

(Continued from page 162 May Recorder)

Dr. Mordaunt had just passed his "state" when with all the rash impulsiveness of youth, he unhesitatingly took upon himself the bands of matrimony. He considered a small bunch of green—some three hundred left by an old maid aunt, quite a plum itself, though he acknowledged this pile of coin was insufficient to equip an up-to-date office and perhaps keep that animal away from his door for an indefinite length of time, which is said to attach himself to habitations where the financial condition of its inmates becomes embarrassed, but never-the-less this amount of cash would give a good start.

His fiancee was left to decide the weighty question where he should settle. From what she knew of the practice of medicine—the practical side, a country location would not be an advantageous step, owing to his pecuniary condition, for country residences were as a rule remotely removed from each other and this would require nags, rigs, a driver, and perhaps a hostler. A small village was preferable by all means, as he could attend the patients by hoofing it over the board walks.

So after reading the alluring literature sent out by a medical broker, with lists of "desirable locations to sell", she selected a town with a romantic name "Lone Beach", feeling that its nomenclature would look charming on pale blue stationery, with an appropriate cut of the scenery beneath. The place being cut off from the railroad and electric with only an "overland" and a boat route, was desirable, and this in itself was an important feature. Then in the answer to her letters of inquiry, she received circulars exploiting the "Aladdin" mine, discovered on the outskirts of the same hamlet. The stock was for sale at a low price, the last chance before it was sold at a high figure or bid in by the company. The mine at Lone Beach was famous and in the last year had proved to be the greatest and quickest producer of the world, and the conviction was based, not on guess work, or enthusiasm, but on personal knowledge derived from investigation; they would have sold the mine many times over and become multi-millionaires, but refused offer after offer in order to keep the stock for their customers, and this was the last chance to purchase stock at five cents per share before it jumped to one dollar; then none would be sold at any price, developments were

With all the rash impulsiveness of youth

now under way with expert assistance, and dividends would soon be issued. This settled the question, for from all reasonable points of view the place looked good to her. It was an ideal spot for her prospective husband to unpack his medical kit, which consisted of several books of mighty dimensions, some bones, a skull or two, a large supply of sample drugs, a few instruments and a brand new sign with letters which could be read a quarter of a mile off.

The very name made the village appear to her as a kind of enchanted Mecca and then it was situated on the coast of a wealthy state. The hamlet would of course be bordered by a picturesque bay and the water shaded by extensive forests of majestic trees, along which would be many moonlit walks and winding avenues.

Therefore, as soon as the wedding was over, the doctor and his bride departed, bag and baggage for Lone Beach, and when the stage came to a stand-still towards the nightfall of a dreary, rainy day, they had reached their destination.

Lone Beach was situated in a deep rift between two stupendous walls of towering mountains, while the third side was encircled by a range of great hills. The gulf was not more than six miles in length and two in width, while its enviroments, the rocky battlements and giant bluffs, towered seemingly to the skies. It was a village of less than a thousand, composed principally of the fishing class, with a sprinkling here and there of wealthy personages. There were imposing residences and then those of lesser magnitude, tapering off to a hundred or more rude huts.

The only road to the place was by way of the mountain pass, along which the lumbering old coach would go whirling, turning crooks and corners at a rate of speed which caused the hair of the passengers to literally stand on end.

The prince of gossips

The coast-line from which the village derived its name had a low sandy shore, fronting out towards the ocean, and almost destitute of verdure. Just above the high water mark, a chain of sand hills, skirted the beach, undulating the horizon. Half a dozen huge weather stained buildings, loomed up by the water, stark and grim, while the overland panorama presented several acres of dreary swamp, covered with a tall, skeleton-like growth of misshapen trees. Then, desolate wastes sullenly melted into the horizon, with here and there a plodding native or solitary fisherman dotted upon the boundless desolation.

The couple spent the night at an ancient inn. The old tavern keeper who was the prince of gossips on ancient and modern topics had given them the full history of the beach, and incidentally mentioned that there were seven haunted domiciles in the place. Though he specialized upon a boarding house and related supernatural occurrences reported by roomers who had suddenly departed for other lodgings. The last occupant of this apparitional chamber had been with him until that night when he had left the village. As the landlord described the individual, the doctor pictured the man. The ex-boarder was undoubtedly a dyspeptic subject and very likely the strange shapes and figures were only fantastic creatures of his befogged brain.

The host rambled on: "For weeks nothin happens an' womens and gents goes off, an' havin heard nothin scary, have nothin to tell, and this sort of contradicts the yarns that other folks has noised about".

The doctor's wife who had been on attentive listener at once demanded point blank of the landlord

where the house stood with its phantom inhabited chamber.

"Wall, Missis, I ain't a sayin, I've seen there are things happin, the mistress of that house is a fine female and its her sole means of liven, and I shan't be the first to give her cottage a bad name, mark ye".

As the tavern was a place where the natives congregated and it was here that the local politics were argued, scandal discovered, and the whole affairs of the nation arranged and rearranged, the two came to the conclusion that the whole story was a fabrication and dismissed it from their minds.

On the following day, they engaged rooms at an old rookery, a dilapidated wooden structure, two story and an attic high, which in all probability was a hundred years old; at any rate, so ancient that no one in the neighborhood could tell when it had been erected.

Hove the dead man out into view

The landlady was a tall, raw woman, evidently of great muscular strength and endurance, with a pinched, homely, vinegar face; she was no longer young, as the streaks of gray in her red hair could testify, while on her chin was a strange hirsutic plantation, which perhaps in a miniature measure resembled the famous spiked mountain of Mexico in anomalic growth. She was sort of a sad disposed individual, but seemed most obliging, while the apartments were large, cheap and airy.

In the early evening the physician went out to look over his prospective territory. Mrs. Mordaunt was inclined to feel lonesome, and felt timid about retiring. At length her husband returned and some way she intuitively realized that he showed her uneasiness, though neither of them confessed their fears to the other. Try as Mrs. Morduant would, she could not get to sleep. She lay there awake hour after hour. After a long period of wakefulness, however, sleep must have overcome her, for when next she opened her eyes the first streaks of dawn had begun to appear.

After breakfast they compared notes and found their experiences to be precisely similar—wakefulness for several hours, then slumber. But a walk in the sunlight and the village looked fairly well to them. It seemed to be a prosperous place after its own fashion.

On the evening of the sixth day, after their arrival, a rather strange incident occurred. The doctor was below in his office and Mrs. Morduant above in the sleeping room. She had requested a pitcher of hot water to be brought up, and started down to get a magazine and while there heard the servant ascend, put down the pitcher and then leave the room. Presently they were startled by a clattering in the room above their heads. She hurried up the dim, narrow stairs which creaked dismally beneath her footsteps and entered the sombrous chamber. She was surprised to find the pitcher lying on the floor and its contents on the carpet. At first she put the accident down to the carelessness of the domestic who had placed it on the very edge of the washstand, and on some slight shake occurring on the landing outside, the pitcher had tipped over but a second thought convinced her that her reasoning was at fault, for if the pitcher had fallen over from its insecure position, it would be lying close to where it fell, and not in the middle of the room with the ap-

pearance of having been flung there, and still the force of the fall did not shatter the dish. Odd as was the circumstance it made no lasting impression and in the course of an hour the uncanny incident had vanished from her mind.

The brindle tabby

In the afternoon of the next day the medico and his better half strolled to the beach. As they mounted one of the low sand hills the long line of coast opened before them. They walked to the cape, where like all sand promontories, the point was always moving. A wreck caught their eye, it was embedded deep in the sand and showed only the stump of her masts and the bow sprit and the rusty skeletons of what were once the chain plates and dead eyes, which were now a quarter or more enclosed. Twenty years she was said to have lain in the water, where she struck and drifted ashore, the land now on one side of her having been built up since by the action of the mud and waves.

The sun was still intensely hot, the wind had died away, leaving a dead calm and the atmosphere undulated hazily in the sulky sunshine. The sea glowed like molten lead; the tide was down, but on the flood. The breakers rolled in, the froth climbing along their crests, their dark wall tumbling headlong with foam. A few fowls ran along before the creamy sea water that came sliding up on the sand, while several desolate gulls wheeled and shrieked over the bleak shore. Not a cloud was seen on high. The broad expanse of the deep was unwhitened by a solitary sail. There was no sound but the roar of the surf and the wash of the undertow. Few spots were more desolate than the barren coast of Lone Beach in the heat of a summer's day.

Roaming about they came upon the site of the fabulous, auriferous mine, a deep hole in the ground. Some machinery with rusty iron and rotten wood, with half an acre of mud, completed the entire property. The two realized then and there, that mines were divided into many classes, some on terra firma, others in the air, which floated stock and received good returns from the easy marks all over the states; but the doctor heaved a sigh as he looked at the narrow, deep pit, and realized that he was fifty dollars in the hole.

They were one or two miles distant from the town when the shadow of the mountains, heralds of the shades of night, crept slowly over the valley and the great golden ball of fire began to hide his face in the west. The breeze began to freshen, with its low, weird wailing. The whole coast was the scene of many a strange legend, and tradition reported that buccaneers had buried their chests of treasure there. Spectral infested spots had been pointed out where shadowy forms had been observed. Every man had seen some unearthly sight. Of these ghostly places, Pirate's Point was the most fearful and but few ventured to approach it after dark.

The moon arose through the thin, white mists, crimson in color, and dimly illuminated the bleached, contorted boughs of the swamp trees, which stood out against the surrounding blackness and appeared like half human forms—over which hung some glamour of black magic.

As they pursued their lonely way they encountered a church dignitary in the twilight; they had also met this important personage at the tavern. As the twilight deepened, and the three drew near the haunted point, their pace slackened and they walked all in a heap

while their voices sank into a whisper. The deacon though quaking in his shoes, forced himself to go a few paces in advance. His form half lost in the gloom, cheering the spirits of the lagging couple and his own by whistling lustily, though all the time he gazed anxiously around and started at the moans of the wind as it came over the hills.

"Hark," suddenly whispered Mrs. Mordaunt, "did you hear anything ahead?"

"No, I didn't, did you?" replied the deacon, coming to a dead halt and scarcely breathing from fright.

They listened eagerly, each one looking the others by turns in the face. Sure enough a low indescribable sound was heard on the other side of the sand hills, as if coming from something on the beach.

"It's a groan, isn't it?" gasped Mrs. Mordaunt, with a blanched face.

"That's Pirate's Point just ahead," faltered the deacon, and sinking his voice to the lowest whisper, he added, "It's right here they say Kidd buried his chests of gold and murdered his prisoners."

Summoning all his remaining "sand"

"There it is again, deacon—what shall we do?" said the doctor's wife, clinging to the arm of the church dignitary, as if safety was to be had there. And there they stood huddled together on the beach like sheep in a storm.

"We'd—ah—better—ah—go back, hadn't we?" asked the deacon in reply.

The deacon had his own feelings and hesitated to take his own advice. But when he thought how much it would redound to his courage if he kept on, he resolved to advance. So having repeated all the verses of the scripture that he knew, he boldly proceeded ahead to reconnoiter. But as he was a sensible man, and saw no call for unnecessary noise, he took off his hat, and began to creep silently and stealthily towards the sand hill, stopping and putting his ear to the ground to listen and then crawling a step or two further on. At last the outline of his head and neck was just visible in the darkness, boldly defined against the sky as he lifted it cautiously above the profile of the hill. In a minute or two he drew it softly back, like a turtle retreating into his shell and motioned for his followers to come on. But they did not move an inch. The doctor at length ventured to petition the deacon to return.

"What's the matter with you?" said the church official, but still speaking in a whisper, "It's only the tide washing agin a body and not a groan."

"A body! Is it there?" eagerly asked the doctor.

"I saw it just below the high water mark," answered the deacon, "large and kind of dark like".

"We will come," said the physician, as his professional instinct rose to the surface.

"Oh! I never feared to pass the P'int," ejaculated the deacon recovering spirit, "and I thought the noise was nothing, only you seemed to think different, and you being learned I took your word".

The couple reached the brow of the hill and the deacon pointed about twenty yards off to a dark, shadowy object on the beach.

"Oh! That is a real murdered man! Oh! the wickedness of the human heart!" cried the doctor's wife.

"Follow me," boldly said the deacon, descending the hill.

"It's half covered by sand, isn't it?" said the doctor.

"Hush! Didn't its arm move then?" gasped the deacon and as the manœuvre was repeated and the body half rose from the sands, the church pillar turned hastily in his fright and his huge and ponderous frame acted like an ancient battering ram, for he chanced to hit the doctor and his wife and both went down at the first strike, the deacon making the summit of the human pile. Then a great black water-bug in its clumsy aerial flight fell upon the deacon's bald pate and slid to his neck and as the scarabeus dug its sharp hairy claws in his flesh and its damp cold body came against his hide, he used strong language of expressive character for he thought it was the bony digits of some hobgoblin about to bear him away, but as all struggled to extricate themselves and rolled down the sand hill together, the beetle was lost in the fray, and the deacon muttered something which might have passed for a hurried prayer. Then three pairs of eyes were turned towards that dreaded something on the sand.

"Pooh!" said the deacon, with forced boldness, but not advancing towards the object, "Its only the tide tossing the limb".

They were now within a few yards of the object but hitherto it had been too dark for them to see distinctly. Just however, as the deacon spoke, the moon broke suddenly from the white mist and shone with a fuller red upon the huge rocks, so tall, gray and ghastly in the distance, which frowned down at the bay, and then the crimson orbit disclosed before them the dark and gaunt proportions of a drowned man.

Then the waters rushed again far above the spot and dug into it and swirled about it, and at last fastened on the body of their victim, and hove the dead man of the sands out into view. The sand had preserved the corpse from decay and the deacon recognized the visage as that of a travelling agent who had mysteriously disappeared while walking on the beach.

"Aye, he must have become quicksanded and died the death of a dog," reflected the deacon.

The fearful object lay there with the foam sweeping over it at every rolling wave. Then the moon with its hot angry face, shifted over the water and cast a crimson shimmer on the dead man of the sands, while the heavy waves rushed towards it with their weird, wild moan.

Silently the party returned to the village, the moon throwing their shadows in great lengths before them. The dean did not speak, he was preserving his energies until he should reach the tavern, where the recital of his bravery and the grewsome find would bring a halo of glory about his head, which was great and bald. So they walked towards the town in the light of the moon. The doctor and his wife knew that on the morrow, men would come and delve the sands and bear away that unearthly thing, which had found a grave on the beach, and been washed by the wild waves, and though he had rested for days by the sea, he could not hear the howling of the gale or the booming of the surf and the waves as they chanted their weird requiem.

After supper they retired to their room and were soon sleeping in profound silence beneath the light of the cold, round moon. All seemed peaceful within and without. Every window of the house was dark, and the interior hushed in repose.

About two o'clock, Mrs. Morduant was startled out of her sleep by a noise —a sound of something falling down the stairs outside their room. At that moment the doctor awoke, apparently alert for business, for he sleepily muttered, "I guess its an emergency case, a patient being carried up to my door?"

"No, I expect some roomer has been keeping the Saturday night too freely

at the tavern and stumbled as he went to his room''.

The doctor did not seem to share his wife's opinion, but silently rose and lit a candle. Then both listened. The noise wes repeated and became louder and try as they could, they could not divert their thoughts from the dead man on the sands.

Then the sound became grewsome in the extreme. It was as if a heavy body had been flung down the stairs and was striking each step as it rolled on to the landing exactly opposite their door—where it stopped.

It was then, as they listened, that they were alarmed by a new sound. Up and down above their heads could be distinctly heard the sound of a wheelbarrow deliberately rolled from one end of the room to the other. Upon accomplishing this distance the barrow would seem to be tilted over, and something thrown on the floor. The rolling would then commence anew, the distance of the chamber traversed and the something once more emptied on the boards, it had a dreadful sound. The doctor and his wife were perfectly horror striken. At last the physician picked up courage and went out on the landing. His wife followed with a scared look on her face. Then the two stood silently and wondered what would come next.

They were not long left in doubt. For suddenly at their feet they heard a hiss like that of a rattle snake, and both leaped wildly to avoid the apparently venomous reptile; then from the same direction there came a cry, one long, loud continuous scream, an inhuman wailing shriek, such a howl as might have arisen from the lower region where Satan reigns supreme; and turning they beheld the brindle Tabby of the landlady sitting in the shadow with her head thrown back and red, yawning mouth, uttering demoniac scream after scream.

The Landlady

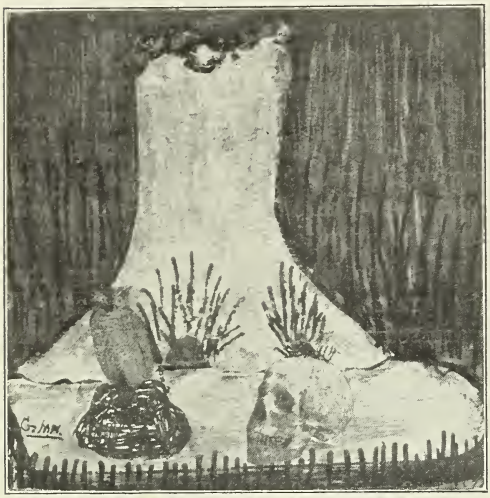
Presently, as suddenly as the first time they were startled out of their sleep—a loud crash was heard above their heads, coming from the top of the stairs; and the noise was like the sound of a human body tumbling noisily from step to step till the body seemed to roll to the place where they stood and then come abruptly to a standstill.

Then the physician summoning the few grains of his remaining ''sand'' addressed the sound, but no answer was forthcoming; only a noisy clatter back of them and both turned so abruptly that they were nearly precipitated backward down the stairs, but they caught the gleam of a candle and saw the tall figure of their landlady coming pell-mell up the worn starcase. She did not make a pretty sight in daytime and the contrast was more striking when she was relieved of all artifice and clothed in a dark, cloak-like night habit, and her head enveloped in a great white night cap. She advanced with her umbrella, coming like a soldier at bayonet charge. Not knowing which party she intended to attack the diciple of Hippocrates, or the powers of darkness, the young man trembled. She halted three steps from the landing and recovered her breath—then delivered herself of her message: ''They ain't no use of being scart, as this here house am subject to sich like spells,'' but bent on making herself right with the roomers, addressed them once again. ''They ain't no use being scart, as this house am subect to such like spells.'' Having issued this second edition of her explanatory narration she retreated, her big slippers hitting every step as she descended.

(To be continued.)

THE OWL AND SKULL TALKS.

By Grace M. Norris, M. D., Richfield Springs, New York.



SYNOPSIS.

At the eastern end of an old church yard, stands a white stump, surrounded by a clump of bushes; lying under both bushes and stump rests a large, flat stone with the inscription quite effaced. On the marble reposes a skull.

Back of this dense shrubbery in the darkness of the night sits an owl and with only the silvery moon for company and the twinkling of the stars; while the world is wrapped in slumber the owl and the skull chatter.

TOPIC—THE STRANGE STORY OF A WOMAN PHYSICIAN, DR. EMILY CHAMBERS.

Owl. A few nights ago, I flew over the spot where Dr. Emily Chambers met a sad fate in the wilds of Alaska.

Skull. Did she undertake to make a journey through Alaska alone?

O. She was a highly educated Wisconsin woman who ever longed for travel and adventure. Even as a child she indicated her impatience with the bounds of civilization; yet she finished her education and finally left the home of her childhood for Dawson, Alaska. At this place she secured work in an office. But office life to her was unbearable, as she desired to be away from civilization, to ford the raging rivers, climb the lofty mountains and penetrate unbroken forests, her object being to write a book relating her adventures.

S. There are few women who would start out on an expidition expected to continue all summer through a wild and unfrequented region without a guide or protector.

O. Another lady, Mrs. Wallace, started through the Northland with an experienced guide and no other escort, to be absent six months traversing a barren wilderness in search of her lost husband; but here is a record of a young, refined and cultivated woman starting out alone on an expedition even more hazardous than that of Mrs. Wallace.

S. Did not her friends and relatives present the difficulties to be encountered and urge her to give up the trip?

O. All means possible were used to dissuade her from the undertaking. Arguments and forcible presenting of facts were alike unavailing. It is impossible to account for many freaks, fads and fancies of humanity. Many of them are the first symptoms of insanity, but for the most part they come from inheritance. Way back hundreds of years ago in this woman's family may have been found an individual who possessed similar peculiarities and eccentricities, and from this ancestry she received her inheritance in the desire to ramble and undertake that which would seem to others to be impossible and even absurd, starting out for almost certain destruction.

S. One bright, sunny day in July our heroine set forth from Dawson, Alaska on her fateful journey. What did her outfit consist of? Surely she could not carry much with her. She would have been foolish to have undertaken to carry a burden of clothing, provisions, or a camping outfit, and yet she was to be gone for months in the interior away from cabins or homes, living in the wilds with no other company than wild beasts.

O. She very likely only encumbered herself with necessary clothing, a blanket, a rifle, which she could shoot with accuracy, a compass to tell in which direction she was going and with fish hooks and lines.

S. I presume when she took her departure there was no sadness in her leaving. She was thinking of the enjoyment which she would experience in the mountain's solitude.

O. With springy step she bade good bye to her friends and was soon lost to sight.

S. There is a charm in the wild wood and mountains and a fascination about the deep, dark recesses of the forest, where the foot of man has never trodden. Here surrounded by mighty rocks and primitive forests and wild creatures, one feels that he is near his Creator and has such peculiar sensations he is loth to depart and come back to the habitations of man.

O. Yes, there is a call to the wild in almost every human heart.

S. How did the woman live?

O. During the summer-time in Alaska, it is not difficult for a lone traveler to get food. There are berries of many kinds in abundance, small and large game can be shot any day and the lakes and streams are filled with delicious fish waiting simply to be caught.

S. Then she did not suffer for food?

O. No. When night came she would gather together dead branches of trees that had fallen and build a fire, near which on a couch of leaves she would sleep. This is not an uncommon method of living in the wild woods of the North. There are hunters and trappers who are roving through wild forests continually during the fall and winter, watching their traps, eager for the pelts of fur-bearing animals. There men traverse the woods without fear and often sleep at night without a sheltering roof, and yet are seldom disturbed by wild beasts. Travelers in the North often sleep on beds of snow in fur-lined bags suffering no serious inconvenience.

S. A friend of mine, once made a journey on foot covering 300 miles across a wild country in Nova Scotia, where he did not see man or woman during the entire journey. Without shelter of any kind, he passed the weeks and months joyously and in vigorous health, returning in safety, but this man held in view a point of civilization, which he was to reach at the end of his journey. In this respect he differed from Dr. Chambers.

O. But it is not unusual for experienced frontiersmen to disappear in the wildwood lands, never to be seen or heard of again. In early days a well-known young man, at home anywhere in the wilderness, living in peace with his family on a cattle ranch, seventy miles east of Denver, Colorado, galloped away on his fleet horse to cut short a ride to a distant point rather than to follow a circuitous road. He was never seen afterwards, though hundreds searched for traces of him, dead or alive. Hundreds of people have lost their lives by getting lost in the woods of the Adirondack Mts., within an hour's ride of New York City.

S. Were no traces of these men ever discovered?

O. Not the slightest clue to their fate. Some of these lost men were experienced guides. Not all were lost by being dazed or bewildered. Many met with accident or were suddenly faced by a large bear which made short work of them. Some were overtaken with sudden fatal sickness. Such events are not surprising when we consider that even in our largest cities men disappear, never to be heard from again.

S. Yes, I knew of a man at Rochester, N. Y., who never saw or heard from his son after his departure from his home city to New York City.

O. The majority of people traversing an almost unknown region with a party

of friends should accidentally come upon such a person as Dr. Chambers, tramping alone far from civilization, in danger of being overtaken by fatal sickness or depredating animals, would they not feel that she would eagerly seek their protection? But our heroine would not under such conditions have accepted protection and it is somewhat doubtful if she would have been pleased to have met a party of this kind.

S. She was not looking for the companionship of man, nor for anything that he could offer. She was, in fact, chasing a phantom.

O. Well, the short summer of Alaska was ceasing. One day as Dr. Chambers was gathering berries, she saw the departing form of a wolf in the distance. This did not alarm her for she had on a previous occasion seen not only a wolf, but other savage wild animals. The next day she caught a glimpse of the same wolf, as she supposed and the next day the wolf was seen again in the distance skulking away. Then it occured to her to ask the question, "Have I seen three wolves or was this the one wolf that I first saw?" On she marched, as yet unconscious of danger, with no longing for returning. Day by day the number of wolves kept increasing. Then she was surprised by the falling of snow.

S. I presume it did not seem possible to her that summer had passed?

O. And yet such was the case. This and the uneasy feeling caused by the more frequent and bold appearance of wolves compelled the woman to erect a rough cabin. This in one sense was a fatal proceeding and yet it was necessary. While she slept without a roof, the fire burning so near her kept away the wolves but the logs and sticks of her cabin shielded the light throughout the night so that in the darkness the wolves drew nearer and nearer.

S. They had long scented their prey and had followed her for weeks as they followed the wounded deer or the sick bear, until the moment comes when they can with comparative safety feed upon their prey.

O. If she could have kept awake she would have repulsed the wolves with her rifle, but after long absence or rest, sleep fell upon her and in that moment the wolves broke in and seized their prey. Did you ever see that which was left after a pack of wolves had fed upon a man or woman?

S. I saw a painting on exhibition at the World's Fair in Chicago, representing in the distance a farmer's cottage at night, with a candle burning in the window to light the loved husband home from his journey. In the foreground was a pack of wolves that had just fed upon the body of the husband and father. There were bloodstains upon the white snow, here and there, a bone and in one place a skull, no more.

O. Five years after this event, Prof. Hewitt, a brother of Dr. Emily Chambers, started on a journey to discover the fate of his sister. Recently he returned to his home in Wisconsin, after a search in the frozen North, covering a period of two years, bringing with him a few bones and the remnants of his sister's dress, which proved conclusively the sad tragedy which had overtaken that unfortunate woman. Near there was found a brief record of her experiences which it was her intention to enlarge upon and publish.

DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE U. S. P. and N. F. PROPAGANDA

The changes which should, and probably will, be made in the working formulas in the U. S. P. and N. F. are still under discussion. In an article in the March 19 issue of the Journal of the American Medical Association, Dr. H. B. Hemenway admits that, because of the fact that materia medica is not properly taught in the schools, or rather not thoroughly taught, the graduate knows very little regarding the subject when he enters practice and consequently should not, through this lack of knowledge, attempt to handle or dispense his own drugs. It is only too true that this is probably the fact in many cases, for the schools have, during the past two decades paid more attention to pathology and diagnosis than to the application of remedies to meet and correct, abnormal conditions. They have not taught the application of therapeutic agents to symptoms. In fact they have laid greater stress upon the establishment of diagnosis than to the relief of the sick and the ultra scientific diagnostician has received greater applause than has the man who has endeavored to bring the conditions to normal, and that within the least possible time. As Dr. Hemenway says, "Physicians are employed for the cure of disease." He also admits the truth that the patient cares little about the pathology of the condition to which he is being subjected. He also admits that the expert in pathology frequently has less success in the treatment of diseases than has his brother physician, who pays little attention to the laboratory end of diagnosis. All of these are truths. The expert pathologist may know all of the abnormalities, but may not recognize when or where to apply the proper remedies, and in consequence of this, he does not meet with success in many of his cases. He has been taught pathology and diagnosis thoroughly, but the application of the proper remedies has been passed over briefly during the course of his education. The other man may have had an equally good education in pathology and diagnosis, but has recognized the importance of the symptoms and the application of agents which give relief, and noting this as a matter of greater importance than making an absolute diagnosis prior to instituting treatment, he takes into consideration the primary symptoms, exhibits the proper agents to bring about relief, and not infrequently has he brought about a happy termination within the time expended by the ultra scientific physician in the making of a complete diagnosis. Dr. Hemenway speaks of the lazy doctor, who takes the word of the manufacturer regarding the efficacy of certain "ethical" products and prescribes them for every condition suggested by the manufacturer. In this idea I agree wholly with the doctor, as I have seen instances of this time and again, and most frequently with those men who are expert in pathology and diagnosis. In fact, I believe that the expert diagnotician of the city is more prone to employ such proprietaries, than is the country doctor, who in dispensing his own remedies gets to know and recognize the simples of materia and to exhibit them as indicated by the symptoms. I spent several years in metropolitan practice and know that the visit of the detail man was followed, as a rule, by prescription after prescription, calling for the product he

had brought before the eye of the doctor. The majority of these prescriptions came from the expert diagnostician, and I have frequently heard men of this class tell of the elegance of this or that proprietary, and in many instances basing their like for the product upon this matter of elegance, rather than upon the activity of the product. In fact, they seemed to take the word of the manufacturer regarding the activity of the product, rather than relying upon their personal findings. I have seen certain products prescribed in a routine manner for all conditions of certain organs, regardless of whether they were indicated or not. Certain expert diagnosticians will use the pepsin products in all cases of error in digestion, no matter what the etiological factor may be, while the man who recognizes symptoms as the signs of certain abnormalities, employs the digestive ferments, only as they are indicated, and frequently not at all. He knows that certain functions are at fault and in order to bring these functions to normal he administers such remedies as will assist the normal restoration of the functions, and his agents have a curative action which is permanent.

Dr. Hemenway says that "Accuracy in drug therapeusis must depend on exactness of dosage." No one disputes this fact. He further says that, "For this reason we have the Pharmacopeia and National Formulary." We grant that the latter statement is true, to a certain extent. Both of these works cover many fluid preparations and give a standard, both as to strength and dosage, but I would ask the doctor if he has found that such U. S. P. and N. F. products retain their standard for any great length of time after manufacture? Has the doctor ever had any such goods in stock and noticed the changes which may have taken place in them after having been exposed to the elements? Has he noted the lines upon his stock bottles, showing the evaporation which has taken place? Does he recognize that such evaporation changes the condition of both the strength and dosage? Has he seen bottles in which a precipitate has been thrown down, of which the Lord only knows what, and man only after a careful chemical analysis? I have seen all of these, and rather than take any chances, have thrown such packages into the garbage can, even though I knew that they were standard products at their time of manufacture, and that had the elements not had certain effects, the goods would have been accurate at the time they were discarded. Has the doctor ever had a local pharmacist endeavor to manufacture any standard product from formulas from either of these works? If so was the finished product equal to those made by properly equipped laboratories? At one time I conducted a retail pharmacy and on one occasion had a hurried call for the aromatic fluid extract of cascara, and did not happen to have any in stock. My clerk who was an expert pharmacist said that he could prepare some from the formula given in the N. F. He made the preparation absolutely according to the working formula, but the finished product was not equal in any way to that made by the manufacturing pharmacist, with the possible exception of color. He also made other products according to the U. S. P. and N. F. formulas, none of which were absolutely identical with those products which they were supposed to simulate, nor was there any assurance that they were standard in any particular. This work was done by a pharmacist of long years of experience, some of it gained at the time when the retailer made all of his simples, and was done absolutely according to the formulas laid down in these authorities and from the best crude drugs that I could obtain. In consequence of these findings, over which I had personal supervision, I reached

the conclusion that all preparations should be made by manufacturers thoroughly equipped, not only to determine the standard of the finished products, but of the crude drugs, prior to manipulation, as well. I admit that the U. S. P. and N. F. are necessary adjuncts to the manufacture of pharmaceutical and chemicals, for were we without certain working standards, there would be no assurance of any equality in any drug products, but I do not believe that the physician should be compelled to employ such products to the exclusion of all others, as it is undoubtedly true that there are products, not mentioned in either of these books, which are worthy of employment.

Dr. Hemenway says that it is the manufacturers who are endeavoring to overthrow the standardization of drugs. In this I think that the doctor is mistaken, as it has been shown that the reputable houses all pride themselves upon the standard quality of their products, and that some of them have gone farther than the requirements of the U. S. P. and N. F. and have standardized certain products, not required by either of those authorities. It is probable that there are some houses making specialties, who are, and have been fighting, standardization, but they have never been recognized as the makers of goods of this class, and even though their products might have obtained results, they have had to carry on a continuous fight for their position. It is undoubtedly true that there are some manufacturers who misbrand their products, but sooner or later, such houses come to grief through conflict with the food and drug laws.

A matter which Dr. Hemenway takes into consideration to a very slight extent, if at all, is the fact that some pharmacists are prone to purchase certain lines of drugs and chemicals because they are cheap, and without regard to quality. I cited, in a previous issue of The Recorder an instance wherein a certain reliable druggist bought potassium iodid at $1.90 the pound, or 20 cents under the market, and who found it adulterated with the bromid salts which was selling around 32 cents, and I have in mind another who refused me an order for a neutral sodium phosphate, because he could obtain one of inferior quality at a price of 1 cent a pound under my price. Both of these were reputable druggists. In the case of the first mentioned, the inferior goods were returned to the maker, but not so with the other, as he knew absolutely what he was buying and made his purchase in order that he might cut under the regular retail price. The latter mentioned had a large prescription trade and undoubtedly furnished the inferior phosphate salt upon the orders of the physicians of his town. Thus it will be seen that the manufacturers are not always at fault. Nor are the retail pharmacists for that matter. However, recognizing these facts that reputable products are not always to be obtained, even from the leaders in the retail trade, the physician becomes suspicious of all druggists, and in order that he may be assured of high grade goods, not infrequently carries his own drug stock.

Attention is called to the physical incompatibility of certain drugs, one for the other, and that steps should be taken to overcome this by making certain changes in the composition of such substances. This might be all right, were it possible to make such changes without interfering with action of the agents. He mentions the decomposition liable to occur in a mixture of citric acid and sodium salicylate, with liberation and precipitation of the salicylic acid, but I can see no reason why such a mixture should ever be employed. The salicylate salt is soluble, and makes a perfect solution and there is no reason for the addition of the citric acid in any condition wherein the salicylates

are indicated. He also speaks of some fluid extracts and tinctures which are decomposed by the addition of certain other fluid extracts or tinctures, or upon being mixed with certain chemicals, and this is undoubtedly true, but as a rule the physician is cognizant of such incompatibilities and does not write for such articles in one mixture. If a change were made so that such mixtures might be made without decomposition, it is possible that the action of the ingredients might be interfered with to a greater or less extent. In my mind it would be far better for the doctor to study the question of compatibility of his agents and write his prescriptions accordingly, rather than to have any changes made in the process of manufacture, as it now exists, as it not infrequently happens that too extensive manipulation means deterioration, and this is especially true of drug manipulation.

The doctor calls attention to the changes taking place in certain pharmaceuticals, due to age and exposure and says that the druggist who makes his own products is more liable to carry standard products than is the one who buys from manufacturing pharmacists. I would ask the doctor upon what he bases such a presumption? Does he know that the retailer always has the best crude drugs from which to make such products? Has the retailer any way to determine that his crude products are of absolute standard? Are not the products so made, unless used up immediately, liable to decompose as readily as are those of the large manufacturer? Has the doctor noted the fact that olive pits are being imported for the purpose of adulterating ground drugs and that, without an full assay, it is frequently a difficult matter to determine such adulteration, more especially with the finer ground drugs? Has he any guarantee that the retailer will not be furnished such adulterated crude drugs, from which to manufacture his finished products? Has the doctor ever gone into the matter of cost of manufacture, or has he stopped to think that the large houses buy in vast quantities and that they obtain high class goods for less money than inferior ones cost the retailer? Has he taken into consideration that the manufacturers are obliged to place nothing but standard goods upon the market, in order that they may retain their position? Has he noted the fact that any maker of drug products who has marketed inferior goods, has had only a short life? If the doctor had gone deeply into the subject, he would have noted all of these points, and many more.

There is a way to overcome many of the difficulties discussed in Dr. Hemenway's paper. A very considerable portion of the active principles of plant drugs have been isolated and are being manufactured in such form as to be not subject to the actions of the elements, with the attendant decomposition and deterioration. They are all made up in their simple forms, either in tablet or granule form, and of absolute weight. In the use of these simples, no attention need be paid to their physical incompatibilities, as they may be administered in their granule form and not in solution. There is an absolute dosage, as the active principle weight always remains the same, regardless of the age of the granule. A granule containing 1-134 grain of aconitine to-day, will carry a like amount a year from to-day, and will be as equally active at the latter date, as at the former. What is true of aconitine, is true of every other active principle, providing of course, it is properly handled and manufactured in the beginning, and is chemically pure. In the handling of the active principles, made up in this form, the question of compounding upon the part of the doctor is solved, as he can frequently dispense his remedies in

about the time taken for the writing of a prescription and he knows that his patient is getting absolutely pure and highly active remedies, and that in every instance the action will be relatively the same, idiosyncasies, of course being the exception, as with other drugs. Not only is the dispenser of such agents assured that he is giving his patient the best obtainable remedies, but in addition, he frequently is able, without any great loss of time to obtain and see the reaction from the remedies before leaving the bed side, and not infrequently before a prescription could have been filled by the druggist and returned.

The doctor says that the propaganda is being blocked by the lazy, ignorant and prejudiced doctors and druggists, fostered by the manufacturing houses. This may be true in many instances, but I doubt if the doctor would find it to be the case with the majority of those in the medical profession. The profession has, as a whole, been subjected to insult after insult by certain of the drug interests, more particularly those of the retail class and certain physicians have seen fit to uphold such action upon the part of the druggists. The druggist points with derision to the dispensing doctor, but how about the dispensing druggist? Is there any reason why the druggist should know more than does the doctor? I am sorry to say that when I left my alma mater, my knowledge of therapeutics was not extensive, but I did not gain very much from any information given me by druggists. I made it a set course to study every drug offered, be it one of the simples or a complex mixture made up as a proprietary, and found that, within a very short time, those druggists with whom I associated intimately, were coming to me for information, especially regarding the newer remedies, and that I only went to a drug store at such time as I desired information from the dispensatory or pharmacopeia, copies of which I did not happen to have at that time. In the study of the drugs, as drugs, I soon became cognizant of their value as applied agents in connection with symptoms, and soon knew what study of applied therapeutics, I found that I gained knowledge easily and that, instead of calling on the druggist, he was looking to me for information.

In metropolitan practice, as a prescription writer, I employed galenical for several years, with average results. I found through such experience that the effects from the same drug were not always exactly the same under relative conditions, and that the same formula, filled by different pharmacists, did not always give absolutely the same results. Some years ago, I came to Nevada and settled in a smaller town where the druggist could not be depended upon to carry a complete stock of drugs, and I was obliged to dispense more or less. I had given some attention to the matter of active principles in the past, and knowing that all galenicals were standardized according to their active principle content, it appeared to me that the employment of the isolated principles was more consistent than that of the entire plant product. The application of the isolated principles was a comparatively new thing with me, especially the matter of dosage, but I soon found that I was obtaining surer results with these agents than had ever been the case with the galenicals and that the question of dose was one easily acquired. I have employed these agents for several years and my results during that time have been much more satisfactory than those obtained from any other mode of medication and judging from this experience, I have reached the conclusion that if we desire an absolute standard of drugs, such may be obtained by the recognition and use of the isolated principles, rather than of the whole plant, or galenical, products. The lack of decomposition or deterioration of the iso-

lated active principles solves the problem of standardization of plant drug products without farther controversy.

George L. Servoss, M. D.
Fairview, Nevada.

MENSTRUATION, PHRENOLOGY OSTEOPATHY.

Believing the list of questions sent to me by Dr. J. A. Burnett to have been sent to several for the purpose of forming or collecting an aggregate opinion to be edited and published in your most excellent Recorder I will write an opinion of each question, but not formulated as an article.

First. "How often do women with only one ovary menstruate?"

I have had but one opportunity of making a certain observation of a case where the patient was young, vigorous and the remaining ovary in a healthy condition. In that case, after a lapse of about a year, during which time the menses appeared at irregular periods, the menses were as regular, but not so full, as before, the one ovary was removed. In two other cases in which the remaining ovary was not in a healthy condition the menstruation was never regular, occuring at irregular periods, some times with a period of several months between menstruations. One case in particular the menstruation was always accompanied with severe pain which seemed to be most marked on the side from which the ovary had been removed. Therefore, it is my opinion that women with but one ovary, the remaining ovary being in a healthy condition, should menstruate just as frequently and just as regularly as she would if both ovaries were in tact, other conditions being equal.

Second. "Is phrenology of any value to the physician?"

both ovaries were intact, other condi-

But, some other matters which are usually learned in connection with phrenology are of much value to the physician. For instance physiognomy, temperament, expression, etc. From physiognomy we get an idea of the vitality, the power to resist disease. Temperament aids in prognosis and gives an idea of changes we may expect in certain diseases. Expression of the face, of movements and of the voice aid greatly in diagnosis. Especially is this true in the treatment of little children who have no other way to give expression to their distresses. The physician who is not greatly aided in his diagnosis and locating the distress by the manner and sound of the voice of a crying sick babe is not prepared for the treatment of that class of patients. The voice of the crying child is more to be relied upon than pulse or respiration.

Third. "Do you consider osteopathy of any value?"

Osteopathy has been of much value to the medical profession because it has caused a closer study of the skeleton and called our closer attention to the relation of certain nerves to the osseous system. But, as a system of medicine it is not. The originator of osteopathy was old Mr. Still, a peculiar of western Mo. With him it was quite a success. He did many good things. He was one of those peculiars who by intuitive telepathy, could seem to know just what was the matter with a patient, would tell them that some certain bone was out of place, would seemingly adjust it, then largely through suggestive therapeutics would do the patient much good. He was a peculiar like there are sometimes peculiar natural bone-setters who have never studied surgery.

From this peculiar practice of old Mr. Still, his two enterprising sons, after graduating in regular medicine established the system of osteopathy.

D. D. Rose, M. D.
Valparaiso, Ind.

NAN

By Gordon G. Burdick, M. D., Chicago, Illinois

(Continued from Page 217 May Recorder)

THE BIRTHDAY PARTY.

After I had seen the funeral of my old friend Jerry started on its way under the competent and obsequious care of Dolan, the undertaker, I conveniently managed to miss the train and hustled over to Aunt Mary's house to become master of ceremonies, while the finishing touches were being put to the decorations. I was surprised at the results my men had succeeded in getting under difficult conditions, and being well satisfied that they would finish the work without any further help from me I started out to look after the refreshments. These I found well advanced under the fatherly care of Colonel Jim. For fear that something would not be right, he had taken the day off and was superintending the cooking which was done by Aunt Sally, a typical Southern Darky, and this good woman showed me with great pride some of her artistic creations.

She had been a cook in a noted Southern family for many years and had learned the difficult art of not only pleasing the palate but satisfying the eye as well.

Having satisfied myself that this end of the entertainment would be an unqualified success, I called on my master of ceremonies and found that he had arranged the vaudeville program, so that I had nothing else to do except go home and dress, meet the returning train and see that the women were taken home, and it was here that I found my first hitch in the program, as it seemed that Aunt Mary with her usual impetuosity has insisted upon La Belle going home with her. I remonstrated with her and said I had made arrangements for her to stay at my house until her plans had matured, and that my wife would be disappointed. It was no use. I was simply wasting breath, so I was compelled to put it up to La Belle. I remarked to her casually, you must not blame me too much if things turn out tonight not to your liking, as I have done my best to spare you. I am sure that what you have done is right, no matter what it may be she said. Well, I said you may find things disagreeable to you tonight, by my plans have been layed for many months and if you have any sporting blood in your veins, use it tonight so you will not be unhappy.

Trust me, she said simply. I have seen nothing except disagreeable things for three years and I doubt if I should be happy under any other circumstances.

On the pretext of making calls on the way home I was able to delay our advent until the guests had all arrived and the women folks all held their breath, as we drove up to the house, as it was all lighted up with Japanese lanterns, festooned with palmette leaves, while the rooms were decorated with potted Southern flowers, which had been grown for me by a kindly hot house man. My darky band was in full swing, while a pickaninny cake-walk was the center of attraction at the time we entered.

Aunt Mary was stunned and gazed around the room in amazement, not

quite comprehending just what had occurred. Nan jumped up and down clapping her hands in great excitement and as the head of the line of little darkies came near her, she grabbed the brightest looking one and hugged her with enthusiasm. I never saw a girl so wild, and as she caught the entrancing strains of the music she joined in the dance, heading the procession, a far away look in her eyes, as her hat and coat were thrown to one side. Soon all eyes were on the girl as she went through the sineous curves of the dance, evolving evolutions that were new to all the spectators present, her infectious enthusiasm inspired the musicians to greater efforts, until she had the whole floor to herself, and while the guests went wild over the spectical. I was amazed, as to the best of my knowledge she had never seen the dance before and had not heard the music, and just why she could do this so much better than a paid troop of children was beyond me. Aunt Mary watched the girl with amazement at first and gradually a look of pride came into her eyes as she saw the marvelous skill of the girl.

La Belle also was fascinated and clapped as heartily as anyone, when at a sign from me the music stopped.

The girl stopped suddenly, stared blankly around her and seeing Aunt Mary ran, and putting her arms around her began to sob as if her heart would break. I hustled her out of the room quickly, leaving Colonel Jim to do the honors of the occasion, and to introduce the guests to their hostess. After I had wet Nan pretty thoroughly with water she became rational and throwing her arms around me, said she wanted to go home. You are home I said. No I aint. This aint home she said, but these are my people, my music and flowers. In my home people live. Here you are so cold and formal that one cannot live. There we love the grass, the flowers, the sky and each other. What do you know about your home? I said surprised by her mood. Well I did not seem to see it before. It was dim in my mind, but I see it all now. The house made of logs, with straw for a roof and the big fire-place with the stone chimney. The rail fence with one corner down, with a teeter board next the gate. Then there is the old barn with Jenny, our old mule, with the river in front of the house, and there is mother sitting by the door spinning cotton, while father is standing by the gate smoking a corn cob pipe. The sun is just setting, and some horsemen are riding up the road, and Oh my God! they are shooting at each other. I ran to mother and just as we were going into the house she gave a scream and fell down dead. I cried and cried all night and Pop did not come. I was so afraid I did not dare go out until some people came next day and they told me my Pop was dead and I was to go with them.

I was taken with these people, a Mr. Curtis they called him and I lived with him for a year when he died, and I was taken to a city with many houses and was put into an institution that had many boys and girls. The rooms were all large and had many beds placed along the walls. I don't know how long I was there but at last a woman came to see me and took me home to live with her.

She beat me terrible and said I was so bad she was going to give me away, and a man came and gave her $15.00 for me and I rode all day on the cars and part of the night. We got to a large city with many houses and we walked so long I was so tired, and he put me in a dark room with some other girls. I got scared and hollered so much that he beat me and hurt my back. I don't remember any more she said with a sigh. Well, I remarked soothingly, now that you remember so much possibly I can trace out your old home, so brace up and have a good time tonight and I will trace up the matter tomor-

row. The applause from the other rooms prompted us to go and see what was going on and we found an old white haired darky with a face on him that would have made a fortune on a vaudeville stage, giving "The Darky's Dream" on the banjo. The old fellow was an artist and no mistake, and had his audience convulsed at his expression and antics. I glanced at La Belle anxiously to see how she was taking it and was reassured as she was entering heart and soul into the general enjoyment.

I was presented to the guests by Colonel Jim as the only white yankee he had ever met and one whom he was pleased to call a friend. He assured the guests that I had planned the whole thing for them, and that they owed me three cheers and a tiger for an evening that none of them would ever forget. It was given with a will and thus vouched for I was admitted into their charmed circle. A series of jubilee songs by the Blackmore quartette consumed the time until Aunt Sally announced dinner.

The table was a long one and well lighted with candles, while the dining room was converted into a section of Georgia woodland for the time being, with Japanese lanterns hung from place to place.

The whole Southern community had loaned their best silver to Colonel Jim for the occasion and a happy and care free crowd lined up behind each chair as Colonel Jim raised his glass and glanced at the sparkling beverage, ladies and gentlemen of the Southland he began, the good Lord has permitted us again to meet around one common table to celebrate the birthday of a true Southern woman who gave her all, her noble husband if you please, to uphold ideals that we have all suffered for, and for which we one and all of us have scars to show.

If changed conditions has been hard upon the men it has been many times harder upon our women.

They have not been found wanting.

Here's to Aunt Mary, may she live for many years and enjoy the love and esteem of all that know her. We shall pledge her health in a true sample of "Mountain Dew", the whiskey that has made Kentucky famous.

Each guest clicked their glass with their neighbor on each side and drank it in silence.

Here, said the Colonel, picking up a tiny glass, and as each guest held the glass in front of their eyes said.

"Here's to the silent dead." The toast was drank in silence, while the heads were bowed for three minutes.

At a sign from Colonel Jim the negro string band struck up, while the guests were being seated, and the course dinner began to arrive from the kitchen. We went through the soups, and salads with everyone trying to talk at once, when suddenly the band struck up the "Dead Man's March" as a party of four waiters came from the kitchen bearing upon a litter supported on each shoulder, an enormous covered dish. This was placed before Colonel Jim, and he rose solemnly as the music ceased and said: Ladies and gentlemen through the kindness of the doctor who has scoured our old home that he might give pleasure to one that he loves, I have here a surprise for you. Something I warrant you have not seen or eaten for many long years and which will take you back to your childhood days.

We have a delicacy that is becoming so scarce that we were obliged to scour three states to find it. It is probably the last time you will eat it, as it is like the old South, nearly extinct.

I refer, ladies and gentlemen, to the "Possum". He lifted the cover and as the crowd saw two of these little animals placed upon the huge platter, decorated in a most artistic way by Aunt Sally a cheer arose that was succeeded in a few

minutes by many wet eyes, as the full significance of the Colonel's speech sank into each heart.

The momentary depression passed as a troop of four girls draped in the stars and stripes and waving the old Rebel flag came in and sang the old folk Lore songs of the sunny South. This was interspersed by a colored quartette, and some fancy clog dancing.

The presentation speech was made by Colonel Jim and was very happy and apt as a splendid silver service was presented to Aunt Mary.

The good woman was so surprised that she began to cry as the Colonel gave a snap shot history of her life, the war and struggle she had made to keep a roof over her head, the benefactions she had given to people more unfortunate than herself. He told how she had not only given up her time but her hard earned money to succor the sick and needy. How her home had became an asylum for the orphan and homeless, and when he got through I am blessed if the tears were not running down my own face.

Of course I had known all these things, but had taken them as a mere matter of course. I had figured that Aunt Mary could no more help doing these things than a hen could help from laying an egg, but to hear the way Colonel Jim put it, I felt I have been guilty of a piece of thoughtlessness in adding to her burden and I knew that in many ways I could have saved her, by not calling her in when in trouble.

When the company had all gorged themselves until I was sure enough of them would be sick the next day to recompense me for my outlay, they adjourned to the front room to be entertained by an old darkey, who could make the "fiddle talk" and in his own inimical way he was the best artist I have ever had the pleasure of listening to in my life.

I had gone into the kitchen to settle with my crowd of talent and lackeys when Colonel Jim came out and hitting me a resounding slap on the shoulders said, it is a great success. Ah Boy, sure I said, but something is bothering me. How the devil did you get that mountain dew? Say, that's the best joke! I heard something was wrong, so I put it in some other bottles and filled the jug with water and hung it in my closet. Wasn't it a good joke on the government? Yes, possibly, I rejoined, but that don't get me back my five-hundred dollars for getting you out of trouble. However, as it has turned out all right, we will forget it. Now, Colonel, I have some souvenirs you can give each guest to remember this event, only they must not be opened until they all get home! Understand? All right what you say goes, he said! So each guest carried home with them a neatly enveloped booklet containing some very choice cartoons of the principal actors and several of the Colonel and his mustache, as well as several illustrating the principal events of Aunt Mary's life and the book was written in a jocular way. The text was written for me by a graceless chap who, while he had a good education, had found life more congenial in the underworld.

It was the best of the printer's art and had cost me a pretty penny to get it out. I had known most of the guests and on one pretext after another the artist had visited them and had taken rare liberties with their facial landscapes.

These people were such a superior type and were so inordinarily proud of anything that belonged to them, that I just could not resist the temptations to characterize some of their idiocyncrasies.

The Colonel bit like a bass, and handed out the books after a magnificent speech, so it was a dirty trick when I

(Continued on page 259)

RUNDSCHAU

By H. SPEIER, M; D.
Minneapolis, Minn.

HIGH FREQUENCY CURRENTS IN MALIGNANT TUMORS.

Dr. J. A. Riveire, in Am. d' Electrobioligie et de Radiologie, states that he used high frequency currents on a wound that would not cicatrize and which, after the treatment, healed in a few days. Since then he has used these currents under various forms. He applied the current in a number of intractable maladies, especially tuberculosis and cancer. It exercises on superficial epitheliomas a cytolytic action which is specific and elective, causing the elimination of the neoplastic tissues. It also causes the disappearance of the infected glands and substitutes an abundant odorless discharge for the foul one of the ulcerated surfaces. The current is not painful, but on the contrary has an analgesic effect, the patients bear the applications well and ask to have them continued longer. The application should never last longer than ten minutes. The author has never seen any bad effects from the current. Denuded surfaces are best affected by the treatment. Next are superficial growths for internal growths little effect is possible on account of their depth. Operation must first be done and the current used later to promote cicatrization. The author believes that this current should be applied after all operations for malignant growths.

ALCOHOL COMPRESSES IN TYPHOID FEVER.

The complete Brand treatment of typhoid fever by full tub baths, the standard in Germany, has never been received with great favor by American physicians and has always been protested against by the French, especially with regard to children. There is a good deal of force to their reasoning, as summed up not long ago in the Semaine Medicale by Dr. Cheimsse. The lifting of the patient is liable to do harm, he thinks, while the action of the bath on the heart cannot be foreseen. In children particularly the heart's action should be closely supervised during the bath treatment and in typhoid more than in any other disease, because cardiac complications are particularly frequent in children during the course of typhoid. Cheimisse regards the handling of the child in giving the baths as liable to favor hemorrhage and of perforation, the emaciated abdominal wall of the child affording comparatively slight protection. He prefers treatment with alcohol compresses applied to the abdomen and has never witnessed any inconveniences from them, while the course of the disease was made milder, the heart was stimulated instead of depressed and convalescence was hastened. A pad of absorbent cotton or gauze in eight thicknesses is wrung out of 85 per cent alcohol and applied to the abdomen and covered with a gauze compress or cotton pad wrung out of cold water, over this there is an air-tight covering the whole being held in place with a flannel band. The water compress is renewed every hour, the alcohol compress every two hours.

These alcohol compresses were advocated originally by Salzwedel for phlegmons, and they have been used by Russian physicians and other in treatment of peritonitis and appendicitis with good results. Cheimisse quotes Meyer's export of the cure of tuberculous peritonitis by this means alone, the explanation offered being that the active hy-

(Continued on page 256)

THE WISCONSIN MEDICAL RECORDER

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EDITOR
Janesville, Wis.

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ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our conrtibutors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 13 JUNE, 1910 No. 6

THE PULSE.

As a rule the pulse rate is inversely to its force. The heart quickly exhausts itself when driven beyond measure. Other muscles have periods of repose, but not the heart, for even the diastole is active.

The young often abuse their powers. Whenever the pulse passes the mean it should be restrained, at once, moderating the the rate and tonifying the force. Great losses of blood accelerate the pulse, which is one cause of overheating the blood, not mechanically but because its venosity is augmented in congesting the tissues and venous blood is 10C hotter than arterial blood. A man fell from a height, wounding the head and elbow, with fracture and arthritis. Despite the antiphlogistics the skin remained hot and dry, the pulse rapid. Fearing pyemia he was given digitalin, hyoscyamine, phosphoric acid and strychnine; the object being to bring down the pulse and heat, to dissipate the spasm and relieve the nervous system from its state of stupor. The result was all that was hoped.

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The editor of The Recorder is in London, England, attending clinics and seeing the sights of the great city. His first article on London will be in the July number of The Recorder.

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Stubborn cases of rigid os uteri will relax under the influence of twenty grains of chloral in solution injected into the rectum.

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The July Recorder will be mailed the latter part of July.

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RUNDSCHAU

(Continued from page 255)

peremia induced attracts reserve forces to the disease focus, while the alcohol absorbed has a stimulating effect on the heart. Cheimisse has used the treatment in twelve cases of typhoid and has been much gratified with the result, the typhoid being modified into a milder form although no marked effect on the temperative was evident.

Perhaps we ought to receive this optimistic report of the French physician cum grano salis. The cases are too few to justify convincing conclusions. The change in the type of the disease may have been due to other agents, entirely independent of the alcohol treatment. On the other hand the treatment is simple, there is nothing in it to give fear of harm and it may have such effects as are ascribed to it. Let us try it, observe and tell our results.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books of interest to doctors. Items of literary news will furnish information on progress in the world of literature.

THE SEXUAL LIFE OF WOMEN. In its Physiological, Pathological and Hygienic Aspects. By E. Heinrich Kisch, M. D., Professor of the German Medical Faculty of the University of Prague; Physician to the Hospital and Spa of Marienbad; Member of the Board of Health; etc. Translated into English from the German by M. Eden Paul, M. D. Pages, 686. 97 Illustrations. Price, Cloth, $5.00. Rebman Co., 1123 Broadway, New York City.

This book presents in a scientific manner valuable information which every general practitioner should know. The sexual life of woman is considered both in relation to the female genital organs, and in relation to the feminine organism as a whole; in relation both to the physical and to the mental development of the individual; and in relation alike to the state of health and to the processes of disease. Thus from the standpoint of clinical investigation and of practical experience, the book is a contribution towards the solution of the sexual problem, nowadays recognized as one of supreme importance.

The purpose of the work is well expressed in the author's preface from which we quote: "Natural divisions of the subject are, I consider, furnished by the three great landmarks of the sexual life of woman: the onset of menstruation—the menarche: the culmination of sexual activity—the menacme; and the cessation of menstruation—the menopause. These several sexual epochs are differentiated by characteristic anatomical states of the reproductive organs, by the external configuration of the feminine body, by functional effects throughout the entire organism, and, finally, by pathological disturbances of the normal vital process."

"Thus in separate chapters a description is given of sexual processes, a detailed exposition of which will be vainly sought in the textbook of gynecology, yet which are none the less of far-reaching importance in relation to the physical, mental, and social well-being of women, an din relation also to the development of human society; such topics are, the sexual impulse, copulation, fertility, sterility, the employment of means for the prevention of conception, the determination of sex, sexual hygiene."

The book is substantially bound in cloth, is clearly printed, and well illustrated. The style of binding used the Rebman Company is very pleasing.

♠ ♠ ♠

SPONDYLOTHERAPY. Spinal Concussion and Application of Other Methods to the Spine in the Treatment of Disease. By Albert Abrams, A. M., M. D., F. R. M. S., Consulting Physician to the Mount Zion and French Hospitals. San Francisco; formerly Professor of Pathology and Director of the Medical Clinic, Cooper Medical College. Pages 400. Illustrated. Cloth, Price $3.50. The Philopolis Press, Suite 406, Lincoln Building, San Francisco, California.

We believe that the physician must rely upon drugs in his practice but there are various non-medical systems of therapeutics which the successful physician cannot ignore. We have referred to these therapeutic measures from time to time in The Recorder. There are four books which every physician, who wishes to be successful and make money, should have: Abram's "Spondylo-

therapy", Juettner's "Physical Therapeutic Methods", Munro's "Suggestive Therapeutics" and Pope's "Practical Hydrotherapy".

Dr. Abrams is well known as an original investigator and a charming writer. Many of our readers are familiar with some of his other books, notably; "The Blues" and "Auto-Intoxication", which has been reviewed in these pages.

Spinal therapeutics has not received the attention it deserves from the medical profession and has been taken up by the osteopaths and others. The author's object in this book is to lift this whole subject of spinal therapy out of its present low state and place it on a scientific basis in the hands of educated physicians. Dr. Abrams first discusses the history of spinal therapeutics and then takes up anatomic, topographic and physiologic data and symptomatology.

The book is a complete manual of practice by means of spondylotherapy. The author tells how to treat various diseases and reports very satisfactory results in his own practice. The physician who has given no attention to this subject will be surprised at the extent of the text in this work.

The book is beautifully printed and bound. There are about one hundred original illustrations in the volume.

Practical Hydrotherapy. A Manual for Students and Practitioners. By Curran Pope, M. D., Professor of Physio-Therapy, University of Louisville Medical Department; President American Physis-Therapeutic, Association; President Ohio Valley Medical Association; Medical Superintendent of the Pope Sanitarium; Etc. Pages 646. Illustrated. Price, Cloth, $5.00. Cincinnati Medical Book Co., Cincinnati, Ohio.

There is not a large amount of literature on hydrotherapy, so this book fills a professional need. Hydrotherapy is not in general use by the profession and probably because of the methods used in exploiting its virtues by charlatans. This book shows very clearly that hydrotherapeutics measures should be practicticed only under the supervision of an educated physician.

Every physician can use hydrotherapy in his practice and this book tells how to do it. This work is voluminous and is a complete guide to hydrotherapic practice.

The book first gives the history of hydrotherapy, then discusses the anatomy and physiology of the skin, after this there is a very interesting and profitable dissertation on the physiological action of water, when applied externally; the internal uses of water takes up one chapter. The principles and methods of hydrotherapeutics are clearly presented. The hydrotherapeutic treatment of each disease is given fully and explicitly. The information given in this work is very extensive and the physician who has it available will profit by it. With the voluminous index the book is a complete cyclopedia of hydrotherapeutics. The work is illustrated with 127 half-tone plates.

The Propaganda for Reform in Proprietary Medicines. Sixth Edition: Containing the Various Exposes of Nostrums and Quackery Which Have Appeared in The Journal of the American Medical Association. Price, Paper, 10 cents; Cloth, 35 cents. Pages 292. Illustrated.

This book presents in convenient form most of the articles that have appeared in The Journal of the American Medical Association on various proprietary preparations. Not all of the products dealt with, however, are such as are—or have been—used by the medical profession. Many preparations of the "patent medicine" type have been subjected to analysis and the results of such

examinations appear in this volume. The book will prove of great value to the physician as it will put him in a position to answer intelligently questions that his patients may ask him regarding the virtues (?) of some of the widely advertised "patent medicines" on the market. Most of the book is commendable, although a few reliable proprietary preparations are condemned wholly on laboratory findings, which in actual practice have been found efficient.

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LITERARY NOTES

The World To-Day is about the best magazine devoted to current progress. It contains articles by prominent writers and is beautifully illustrated. We have a special low club rate for The World To-Day with The Recorder.

We have just received an excellent work for review, "Diseases of the Nose Mouth, Throat and Larynx", by Alfred Bruck, M. D., of Berlin, translated and edited by F. W. Forbes Ross, M. D., of London. We shall review this book at some length in the July Recorder. Some of our readers who have inquired for a good nose and throat work, will find this volume very satisfactory.

Everybody's for May adds another to the list of really important articles on commercial subjects that have long been a feature of that honestly American magazine. Under the title "The Barred Gateway," John L. Mathews tells of the hapless incongruity between our liberal channel and harbor improvement policy, and our monopolized and obsolete dock systems. To spend countless millions for the betterment of ports, and then permit the railway-owned water fronts to forbid the landing of vessels seems too foolish to believe. But it is true. In the same number of Everybody's Judge Ben B. Lindsey concludes his inspiring story of the long fight against the System in Denver. With all its discouragements it is an optimistic story, and the victory that marks this installment should be an inspiration to other men elsewhere.

Each year the twelve numbers of the National Magazine reflect the twelve moods which rule the thoughts of dwellers in the temperate zone. The dominant thought in the April issue is "farmward," and one can scent the newly turned earth and "green things growing" on almost every page of this number. When you have finished enjoying the charm of the garden or field, and come into the house for rest, you must by all means read one of the most eloquent tributes to farming that has ever been published, penned by Professor L. H. Bailey, Dean of Agriculture of Cornell University, who says: "I am convinced that the opportunities to live a satisfying life by means of agriculture were never so good as now." Something of this sentiment is ever noticeable in official circles in Washington, and is breezilly gossiped of by the editor, Joe Chapple. The editor has taken the trip over the ocean railway in Florida, and describes how he crossed the Ocean Keys

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NAN

(Conrinued from page 254)

went on a vacation for a few days to avoid being challanged to a duel.

Of all the Colonel's weakness he would not stand it when anyone made fun of his mustache.

I learned when I returned that the old gentleman was up to Aunt Mary's very early in the morning with blood in his eye looking for the perpetrator of the joke.

The whole crowd was inclined to get angry at the book, but each one agreed that the cartoon was very good one of their friends, so good, humor saved the situation, and I did not lose caste with my friends.

(To be continued.)

MISCELLANY

ANTIMENINGITIS SERUM

After five years of exhaustive experimental work and extensive clinical trial, the Rockfeller Institute has perfected a serum for the treatment of epidemic cerebrospinal meningitis.

Antimeningitis serum is now placed on the market by the H. K. Mulford Company who, with their characteristic progressiveness, announce that they are prepared to supply it from their various branch as well as from Philadelphia.

In the pandemic of 1904-8 the serum was supplied by the Rockefeller Institute to clinicians all over the world. The mortality of cases in which it was used was less than 25 per cent, that of cases in which it was not used about 75 percentage being practically the same everywhere. Now that the serum can be obtained more promptly it will be possible to administer it earlier in the disease, and it is safe to predict that this will result in a still further reduction of the mortality. More than one thousand cases have been treated by this serum and no bad effects have been reported, the beneficial effect of each injection being dwelt on by all who have used the method.

The serum is supplied in packages the entire contents of which have been sterilized. Each package contains two syringes of 15 c. c. each, being the dose usually administered to young children, while for adults, or for malignant cases, 30 c. c. (2 syringefuls) are to be injected at one dose. With each package is a special needle for puncturing the spinal canal. The needle is made of soft-tempered metal which will not break, and is given sufficient stiffness by a special stylet. This stylet fits into the needle and is of exactly the same length. The end is beveled so that when it is fitted into place the bevel corresponds to that of the needle point, making one smooth surface. When the stylet is rotated its point clears the lumen of any accidental obstruction. This needle serves both for drawing the spinal fluid and for the injection of the antimeningitis serum, being left in position during the entire operation.

When as much fluid as possible has been drawn off, the syringe is attached to the needle by means of a combined rubber and metal coupling previously sterilized. The metal tip is connected with the syringe by means of a small piece of rubber tubing, in order to avoid all danger of breaking the syringe point or injuring by bending the syringe or by sudden movement of the point.

Every physician will welcome the news that they are now able to secure antimeningitis serum, because it is the only remedy known to be of service in the treatment of cerebrospinal meningitis.

The H. K. Mulford Company, recognizing their responsibility to the medical profession and wishing to co-operate with the members thereof by furnishing therapeutic agents for the treatment of poor patients, will, on receipt of certified order from the physician stating that he receives no fee for his service and that the patient is indigent, furnish the antimeningitis serum, without charge, except in communities where the local Board of Health supply curative sera for indigent patients.

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It is stated that an alcoholic saturated solution of acetanilide will promptly relieve pain and swelling of inflamed joints and other inflammatory conditions. It is applied as a liniment.

The Wisconsin Medical Recorder

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ELECTRO-THERAPEUTICS

By William R. D. Blackwood, M. D. Philadelphia, Pa.

(Continued from Page 224 June Recorder)

We have spoken of neuralgia, and now come to a painful disease, which is sometimes confounded with it—rheumatism, quite a different affair, and due to a widely different cause. Neuralgia comes from either congestion of the nerve trunks, congestion of them, or spinal lesion, and must be treated accordingly, whilst the rheumatic business almost always is due to accumulation of uric acid or urates of some kind in the blood. In rheumatism we have kidney and liver troubles to look after, for one of these organs is always at fault, usually both. Now whilst we require agents which will neutralize the uric difficulty, and these are many, we have to do with the pain as the great difficulty, and it is bad policy to use narcotics, especially opium in any form, because it locks up the secretions, and here is where electricity comes in very excellent form. We have spoken of the power of electricity to mitigate pain, and it will do so under any circumstances, so if it is convenient to do so, try either galvanism or high frequency in this disorder, particularly where there is much swelling of the articulations. Galvanism has great power to hasten absorption of effused serum which sometimes is one of the bad things in rheumatism, and as it cannot do harm anyhow, why not try it—I usually do so in all instances even where swelling is not pronounced. Besides this, we can influence secretion in both liver and kidneys by local applications to these viscera, and therefore place one pole on them whilst the other is doing its work on the affected joints. Some folks think that sulphur or soda is good to wrap the sore joints in, and sometimes I have found soda to apparently do some good, so I now and then use a solution of soda to wet the electrodes in when electrifying articulations. I never found sulphur useful. The direct current undoubtedly hastens resolution of the swelling, but faradism is better as an anesthetic and in itself is good in all rheumatic affairs. I believe that metastasis to the endocardium is more seldom found when electricity is used than when without it.

Now for a sudden jump to the head again:—this is brought about by a case which I must see this morning, an epileptic who is now and then attacked by a mild insanity, and in his case nothing hurries up the cure (temporarily, no doubt,) of the mental trouble as does electricity, so I might as well speak of it here as hereafter. Long continued mild high frequency current not only soothes the sufferer if violent, but it tends to cause sleep as before spoken of, and it also lessens brain congestion which generally is present during attacks of insanity. Electricity is now used as a routine matter in all our asylums for the insane, and residents agree with me that it is an important method of getting good results, particularly in violent instances—those of acute and dangerous mania. Of late years the treatment of insanity has got-

ten to be rest, quiet surroundings, carefully regulated diet, with as little medicine as possible, and particular avoidance of the old treatment chloral, or other strong narcotics. Electricity seems to agree with maniacs and contrary to the imagination of those not familiar with treatment of these unfortunates it never excites them. It soothes nicely, and they notice that they are not chocked by nauseous doses that used to be crammed down their unwilling throats. If electricity did nothing more than aid in this direction it would be valuable, for the less such people are excited the better.

I have received several letters asking me what battery is best for general use, and how to get along without buying one, that is—can I make it myself? Yes, you can, if you are a mechanic, for, unless you are, it is a hard matter to make a good faradic coil, and, much more so, a high frequency. If you want a good consolidated arrangement, get a Baltimore chloride of silver battery, and this can be had with any number of cells from twenty up to a hundred or more, and with, or without faradic coils, and with, or without, meters, rheostats, and many kinds of controlling switches which improve the apparatus, and give you all opportunities of doing good work for your patients, and thereby gaining reputation, without which no one can succeed. Send to this firm for a catalogue, and tell them that I urged you to do so, and it will come along quickly. If you care to make a galvanic outfit, it is not difficult at all. The best arrangement is to set up a number of the cells which are so widely employed for bell-ringing and gas-lighting—the zinc-carbon cell actuated with ammonium chloride. Get not less than fifty, better a hundred, they are reasonable in cost, but get large ones, worth about sixty cents each. Once set up they cost little for maintainance. You will need a switchboard, or selector, and this may be made in two ways: one is to connect the two end wires of the whole with a binding-post each, and then use a rheostat or reducer to control the energy of the current whilst applying it. If you do this, be sure to get a wire controller, not one of the circular affairs which employ blacklead to weaken or strengthen the flow, many kinds of which are used, the one generally known as the "Massey" for instance, although Massey did not invent it at all. This thing wears out rapidly and is not uniform in action. The second manner is to carry a wire from say every two cells to a set of numbered binding-posts furnished with plugs and sockets by means of which you can interpolate any desired number of cells in the circuit. If you select this plan, you must be careful to not use always the first set up to say, twenty cells or less, for in that manner you will overwork the first at the expense of resting the others, always change from one set to another somewhere else in the number, thus distributing the wear equally over the whole battery. It is, on the whole, better to purchase a good battery such as I have named, or one such as the Victor, of New York, or a McIntosh, gotten at Chicago which will fix our western readers.

In keeping up the zinc-carbon ammonium muriate cells, it is well to know a few important points which are not generally appreciated—always amalgamate your zincs thus: have an eight ounce glass-stoppered bottle in which keep a solution of sulphuric acid of six per cent, and in the bottom of the bottle keep a pound, or half a pound of metallic quicksilver. When renewing the battery dip the zincs into this and rub them with your finger (it won't burn,) till they are bright as silver, this makes them last three times as long as when not thus treated, because there cannot be a current developed whilst the circuit is open, although there really is a

slight one if the zincs are not amalgamated. The reason is that all zinc unless chemically pure, contains iron, and this makes an internal circuit between it and the carbon, the quicksilver stops this completely. You may also keep a small amount of the quicksilver in the jars themselves if the zincs are long enough to touch the bottom and thus reach the mercury, or even a small quantity of calomel or bisulphate of mercury will keep the zincs bright and fill the bill, but it is better and simpler to amalgamate as I have mentioned above.

Then when renewing the zincs always put a rubber washer on the bottom which keeps it from touching the carbon if the jars are shaken by any source. The washers found on beer bottle stoppers are just the thing for this purpose. Put the rubber close to the lower end of the zinc, the electrolyte does not eat it up at all. Never use more than four ounces of ammonium muriate to a quart of water; if you do it will cause crystallization on the carbons, the so-called chrome alum. This polarizes the cathodes rapidly, and cuts out current. When mixing the ammonium salt with water in winter the solution gets very cold, enough to freeze the hand when stirring it up, so use a wooden rod to dissolve the salt, and never put the carbons in the solution till it is perfectly clear, if you do it will crystallize. In winter you may use some hot water to make the solution tepid—not hot, and thus save time. Always keep binding-posts bright with a knife or file, current is often hindered by oxidation at these points. Always, also, use wire conductors, not the tinsel cords which wear out quickly. I have one cord in all my wiring red, and one green, this shows you which pole is being used—the red with me is positive, the green negative. In faradism this does not apply for there is no polarity in induction of this kind, although makers mark binding-posts "p" and "n". A faradic current is alternating and interrupted, but galvanic currents are direct, although they may be interrupted if wanted, which is of no value anyhow. It used to be thought that interruptions were of service, but they only cause sharp and sometimes painful contractions which annoy the patient; let the current run alone. A good plan with the applying electrodes, (the sponge-handles,) is to make them of nickle-plated brass and cover them with cotton held on by a rubber band, and this can be thrown away each time and save dirty transfer from one to another person, which is of value in skin work. It also looks better to the patients who notice all these little items more than we sometimes think. I often use a solution of alcohol with bichloride, ten grains to the ounce, and a dozen drops of oil of cloves to wet the sponges after doing so with the water. This may burn a little, but it is all right, the patient thinks the electricity is awfully strong and this does them good. Always dip intra-uterine applicators into this solution as an antiseptic precaution, also speculums and vaginal applicators. Intra-uterine electrodes can be made of the ordinary sound insulated by a catheter up to the last three inches which will thus confine the current to the uterus, the other pole being placed on an ovary or over the bladder or genito-spinal plexus, better to do it on all these points. You should have a divided ovarian sponge cord, that is, a cord spliced about a foot from one end, thus giving you two poles for the ovaries, and the other single end for the binding-post. Of course the wires must be bare when spliced, and after twisting them firmly cover them with electric tape or silk thread to insulate them well. With this method you can use current intra-uterine and then through the ovaries outside, thus reaching the entire genito-uterine system. This plan is good in amenorrhoea, menorrhagia, dysmenorrhoea, and other

affections of the pelvis. In piles of women use a vaginal rod for one pole, the other for the tumors. Use a wire hair brush in anesthesias and this you may make by twisting thin wire around the bristles close down to the wooden frame or taking the rubber body off below the bristles and putting on a copper or zinc plate beneath the bristles. The bristle must be wire, of course, hair ones wont do.

But enough for the present, as I want to say but little each month so as not to tire the readers, and next month there will be something else, but you know what it will be about as well as I do, for I am not going to think about it till the time comes to write.

(To be continued.)

PHYSIC IN YE OLDEN TIME

By D. L. Field, M. D., Jeffersonville, Ind.

(Continued from Page 227 June Recorder)

To continue upon the line of my last article on medicine, I would reiterate that the dogmatics, sceptics, and empirics divided the ancient world, and more credit was given to "speculation than clinical observation, or experimental methods of science," which failed to satisfy the ancient minds, after the great intellects of Bacon and Locke blazed the pathway. The ancients erased, or added remedies for diseased conditions, by reason, on speculative philosophy, in the most arbitrary manner. One sect of teachers would contend that the whole science could be learned in six months; and another would elaborate trifles into endless nothings. One sect would explain all diseases as due to combinations of humors, dryness, or moisture; another that diseases were cured by like, or unlike remedies.

These things hindered the advance of medicine in the ancient times:

First, the Christian fathers of the church, followed the pagans in their horror of dissection of the dead body. They hastened the decline of medicine by interfering with the teachers, and by the addition of much superstition.

Second, at this stage it was impossible to appreciate the reverence in which authority was held. No one dared to advocate any change, or challenge the "teachings of the fathers," so that centuries passed without originality, and without progress.

Third, the utter failure of the ancient mind to grasp the value of the experimental method to science.

These causes are thus briefly: Want of knowledge of anatomy, physiology, and pathology, and rejecting the only method by which they may be learned,—dissection; second, deference to authority, and third, rejection of the experiment method.

It is a strange commentary on the influence of the past, that so-called humanitarians sought to hinder the dissection, and experimentation on inferior animals; and the bestowal of the bodies of criminals, and paupers, upon medical colleges, and organizations; and forbade the only means by which the knowledge could be acquired. In the middle ages the deepest darkness obscured the progress of medicine. The monks and clergy used it, but out of that awful night of science, came little of value to the Renaissance. Theories, schools, and the occult sciences, made football of the writings of the ancients. The charlatans and quacks of the middle ages, advanced almost all the absurd doctrines which seem to divide men today. From Hippocrates himself, came two sophistic aphorisms that diseases are cured sometimes by opposites, and sometimes by

similars. It is understood by these statements, nothing is intended more than a generalization of Grecian crude observation before science had advanced beyond the stage of infancy, the maxims may be accepted as representing a stage of human progress, but if it is intended to put forth these doctrines as axiomatic truths, and to erect a wall of error to limit the advance of science, then every lover of the race will combat both maxims as absurb, i. e. "contraria, contraribus, curantur," and "similia, similibus, curantur."

The surprising fact is, that angry disputations of sects and theorists, should so fill the pages of literature, in the middle ages, when differences of opinion rested upon so small a modicum of facts. The ancients, several times, came near discovering the circulation of the blood, notably the great Roman author, Galen, who proved "that the arteries contained blood". He was an ardent anatomist, and vivisectionist, he traced the nerves to the brain, thus refuting the teaching of the great Greek materialist, Aristotle, who derived them from the heart. It was not till 1613 that the true circulation was announced, and demonstrated after fifteen years study, by Harvey. Strange as it may seem, in this enlightened day, so simple a demonstration was combated for more than a quarter of a century. And although the phenomenon of respiration had been frequently studied, its physiology was very imperfectly understood, until the end of the 18th century.

It is impossible, unless we step aside from the crowded highway of medical progress of today, to appreciate the backward character of science two or three hundred years ago. Two criminals were dissected in 1629, and men of great eminence gathered from far and near, to attend an event of such importance. The great school at Vienna did not possess a skeleton till 1658. So ignorant were men of the common facts of anatomy, that two learned professors were said to have disputed in the presence of a royal patient, as to whether the heart was located on the right or left side of the chest.

Notwithstanding this ignorance of anatomy, the physician in that day, was a man of pompous dignity. He wore fur-trimmed robes, a wig upon his head, knee-breeches, buckled shoes, and a sword. He didn't do a thing but write prescriptions containing thirty ingredients, but the Lord knows where he found them, or where he found any one to take them. It must not be forgotten that they were learned men in a great many ways, as they afforded themselves large libraries, and were highly respected for their erudition. Of course, they were not expected to be in advance of the age, in medical learning, nor should it be supposed they did not have skill and success in the use of the agencies at their command.

The Brownian doctrine which influenced medical practice for the first half of the nineteenth century, was accepted by the great Dr. Benjamin Rush. The theory survives in the asthenic and asthenic. It has been said, that, Brown's teaching slaughtered more human beings than the French Revolution, and the wars of Napoleon combined. It was a doctrine which led to enormous dosage,—amounting to cruel and criminal treatment of the sick, and to bleeding till the exhausted patient sank into the eternal rest of the grave. The wise and humane doctrine of Hippocrates, "to do good, and do no harm," was forgotten.

One folly begets another, and homeopathy came as the pendulum swung to the opposite extreme. This reaction in the regular profession took the form of theapeutic nihilism, which has been till recently, the opprobrium of German medicine. It sank the physician to the position of a naturalist, or an interested observer, and student of disease, of little

value to the sufferer, who justly demands some attempt to relieve and cure him of his ailment. One is astonished that such doctrines should perturb, and muddy the clear stream of human reason, and that centuries of development, embodying the best thoughts of the race, should be forgotten because of the experience of a dissolute alcoholic, or the vagaries of a mind incapable of sound reasoning. The reform of the doctrines and practices taught by John Brown was brought about by the triumph of the scientific spirit, and a return to the Greek method of observation of disease. Hahnemann rejected study of diseases as useless, and regarded symptoms as the only guide to treatment. He gave three causes for all disease conditions, "psora, syosis, and syphilis." Seven-eighths of all diseases he regarded as due to psora or itch. With the discovery of the itch mite, the falsity of seven-eighths of his theory was demonstrated. The parasitic nature of sycosis has also been demonstrated, and it is not widely believed that the history of syphilis dates back further than the fifteenth century, although this question is yet in debate. He rejected utterly the notion that, "Nature is the physician of disease," and reproaches nature as a bad physician, saying in the Organon:" Nay, this unreasonable vital force rashly receives into the body those chronic miasms, psora, syphilis, and sycosis, the greatest tormenters of our earthly existence. This same vital force is utterly incapable of removing such disease from the organism of its own accord."

As is well known, Hahnemann taught the doctrine of infinitismal doses. He held to the day of his death, that the more medicines were diluted, and divided, the more powerful and spiritualized they become, and in the last issue of the Organon, and on its last pages, he asserted that it was not necessary to take medicine, but that sufferers would be cured by olfaction, and that the cure would work just as well on patients destitute of the sense of smell. The doctrine of similia, similibus, curantur was taught by Hippocrates, but he was great enough to see more than one side of a problem, and distinctly pointed out that the relief of vomiting, by warm water, was by removal of the cause. Ipecac relieves some cases of sick stomach and some cases are cured by a remedy that blunts the sensibility, like cocaine and opium, and it cannot be that the doctrines of similars, and dissimilars, can both be true. A law of nature, is without exceptions. If diseases could only be cured by similars, we would be helpless in cases of diphtheria, smallpox, and malaria. These are diseases most amenable to treatment by scientific medicine, since for diphtheria—we have antitoxine, for smallpox we have a well nigh specific, in vaccination, and for malaria, the specific calisaya alkaloid. Who would give an irritant for gastritis or use cantharides for a burn? Who would give diaphoretics to stop sweating? Hahnemann approved elimination.

I am not quarreling with the Hahnemann doctrine, i. e. its fundamental idea, as it has been accepted as an apparent explanation of cure, in all ages. We think it is not complete and satisfactory. Medical men should always bear in mind that schools of medicine, and sects, have no claims based upon evidence of history, the evolution of human knowledge, or the advance of science, to the toleration of fair minded men. Many noble, honest, and even learned men, have practiced irregular medicine. If men are competent and qualified, we can safely trust that common sense will largely govern their practice, and that even a narrow creed, will be outgrown by a developing, intellectual manhood. Nothing can stop scientific investigation and discovery.

We stand upon a stage in the drama of human events which will not wait, nor will the world long heed those who seek to hinder and obstruct.

The mighty march onward, will continue, and little thought will be given to the weighty contentions of Grecian or Egyptian sects, who dominated the ancient medical world. In fifty years it may be history that there were hemeopaths, osteopaths, eclectics, or any other sects contending for public favor. Fifty years ago, the surgery of today, would have been regarded as the vagaries of a madman, and the ordinary medicines then offered to the stomach, were not much better than the preparations of the Chinese.

Sects have stimulated search after truth, and have caused all medical facts to be tested as by fire, to separate the gold from the dross. The profession of medicine is the most liberal of all professions, and no other profession so quickly, freely, and frankly accepts demonstrated, truths. This broad, catholic spirit has kept our profession comparatively free from schisms, and enables us to march from conquest unto conquering. The twentieth century dawns with more glorious advances, and is tending to obliterate rivalry in the anxiety to know and practice the truth. May it be our aim to cover the bed of suffering with down of own merciful ministrations, and pursue a course of charity for all, and malice toward none.

(To be continued.)

DERIVATION AND CHARACTERISTICS OF ACTIVE PRINCIPLES

By George L. Servoss, M. D. Fairview, Nevada

(Continued from Page 234 June Recorder)

PHYTOLACCIN

A concentration or resinoid from the root of Phytolacca Decandra, soluble in alcohol. Acts as an emetic, cathartic, narcotic and alterative. Specific indications are;—pale mucosa with ulcers; sore mouth with small blisters on tongue and buccal mucosa; white sore lips, epidermis separating; hard sore enlarged glands; mastitis, orchitis, parotitis, aphthea; sore breasts with impaired breathing; faucial, tonsillar or pharyngeal ulcer; pale sore throat with cough or respiratory disease; white glaze over mouth, in children; white pultaceous sloughs at mouth corners or in the cheek, and diphtheritic deposits. Dose 1-6 to 1 grain every half hour til slight nausea, than less frequently.

PHLORIDZIN

Merck mentions this as a glucoside from the root-bark of the apple, pear, plum and cherry trees, obtained as small, light, white silky needles, sweet, with bitter after-taste, soluble in alcohol and hot water, melting at 108° C., then solidifying and remelting at 170° C., formula C_{21} H_{24} O_{10}. $2H_2$ O. Acts as an antipyretic, tonic and antiperiodic, and used in remittent and intermittent fever. Merck gives the dose 10 to 15 grains and says that large doses are liable to cause severe glycosuria.

PICROTOXIN

A glucoside from Cocculus Indicus, obtained as very bitter, colorless crystals, soluble in alkalis and acids, 1-1 of alcohol, 1-240 of water, melting at 192° C., formula C_{45} H_{50} O_{19}, and according to Merck, probably consisting of two molecules of Picrotoxinin and one Picrotin. It allays sweating, is antispasmodic, slows the heart, raises the vascular tension, stimulates respiration, and acts as a nervine. Used in the night-sweats of phthisis, nervous con-

ditions, flatulence and dysmenorrhea. Dose 1-67 grain three times a day, or 1-134 grain every two hours to effect.

PILOCARPINE

An alkaloid from Pilocarpus Microphyllus, obtained as a colorless to yellow, syrupy liquid, soluble in water, alcohol and chloroform. Formula $C_{11} H_{16} N_2 O_2$. Has all the actions of Physostigmine, and in addition is a sialagogue and galactagogue. It is the most active diaphoretic known. Used to abort colds, in dropsy, in eruptive and other essential fevers, in the beginning of acute pleurisy, as a myotic, to stimulate the growth of hair, labyrinthine diseases, in diphtheria, in full doses to jugulate mumps, in diabetes insipidus, in full dose to jugulate influenza and many other conditions. Dose 1-67 to 1-33 grain every five minutes to effect. To abort a dangerous chill, 1-6 grain hypodermically. The salts of the alkaloid are the Borate, Hydrobromide, Hydrochloride, Nitrate, Phenate, Salicylate, Sulphate, Tannate and Valerate.

PIPERINE

An alkaloid from Piper Nigrum, obtained as colorless or pale-yellow, monclinic prisms, at first tasteless, but with after-burning sensation, soluble 1-30 alcohol, ether, chloroform, benzine and volatile oils (1-15 alcohol, 1-36 ether, 1-1.7 chloroform at 25° C., 1-4.4 alcohol at 60° C., U. S. P.), melting at 130° C., formula $C_{17} H_{19} N O_3$. Causes a sense of warmth in the stomach, increases the appetite, the digestion, the secretion of gastric juice and the gastric and intestinal peristalsis; is carminative. Also has antipyretic and intipiodic action. Used in dyspepsia and as a substitute for quinine in malarial conditions. Merck gives the dose as 6 to 8 grains, but smaller doses at frequent intervals have given good results, when continued to full effect.

QUASSIN

An intensely bitter glucoside from Quassia Amara, slightly soluble in water, freely in alcohol. Stimulates digestion and flow of bile. Acts as a general tonic; relieves thirst by increasing flow of saliva. Used to stimulate digestive organs, as a synergist to cholagogs; to prevent excessive thirst; in remittent and intermittent fevers; as a general tonic. Merck gives the dose as 1-30 to 1-3 grain.

QUERCITRIN

Merck mentions this as a glucoside from the bark of Quercus tinctoria, obtained as a yellow, crystalline powder, soluble in alcohol, amyl alcohol, alkaline solutions, acetic acid, slightly in water, melting at 168° C., formula $C_{21} H_{22} O_{12}$. $2H_2 O$. The actions given are astringent and tonic. No dose is mentioned.

QUINIDINE

One of the alkaloids from Cinchona barks. Obtained as colorless lustrous prisms; effloresce on exposure, soluble in about 1-20 of alcohol, 1-30 of ether and 1-2000 water, melting at 168 to 170° C., formula $C_{20} H_{24} N_2$. $2H_2 O$. Actions and uses similar to quinine. Dose, adult, 3 to 30 grains. The salts of the alkaloid are Bisulphate, Citrate, Hydrobromide, Sulphate and Tannate.

QUININE

The most commonly employed alkaloid from Cinchona bark. Obtained as a bulky, white, amorphous, or crystalline powder with a very bitter taste, soluble in ether, chloroform, benzole, carbon disulphide, benzin, oils, 1-6 alcohol, 1-240 glycerine, 1-2000 water at 15° C., (1-1550 water, 1-0.6 alcohol, 1-1.3 ether, 1-1.6 chloroform, 1-212 glycerine, 1-166 benzole, 1-3450 solution K O H 1:20, 1-1810 ammonia water, at 25° C., U. S. P.). Formula $C_{20} H_{24} N_2 O_2$. $3H_2 O$. Acts as an antiperiodic, febrifuge, tonic, antiseptic, emmenagogue and ecbolic. The primary use of quinine is malaria. The uses of quinine are so well known that it will not be

necessary to discuss them. The dose of the alkaloid is 2 to 15 grains. The salts of the alkaloid are employed to a much greater extent than is the simple alkaloid. The salts are the Acetate, Albuminate, Anisate, Antimonate, Arsenate, Benzoate, Bisulphate, Bitartrate, Borate, Borosalicylate, Bromate, Cacodylate, Camphorate, Carbonate, Chlorate, Cinnamate, Citrate, Citrate with Iron Pyrophosphate, Citrosalicylate, Dihydroidide, Dihydrobromide, Dihydrochloride, Diiodate, Eosolate, Ethylsulphate, Ferricyanide, Ferrocyanide, Formate, Gallate, Glycerophosphate, Glycyrrhizinate, Hydriodide, Hydrobromide, Hydrochloride, Hydrochlorophenate, Hydrochlorophosphate, Hydrochlorosulphate, Hydrofluoride, Hypophosphite, Iodate, Iodohydriodide, Iodosulphate, Lactate, Lactophosphate, Lygosinate, Methylarsenate, Nitrate, Oxalate, Peptonate, Phenate, Phenolsulphonate, Phosphate, Phtalate, Quinate, Salicylate, Santonate, Stearate, Succinate, Sulphate (the most commonly employed salt), Sulphotartrate, Tannate, Tartrate, Thiosulphate, Urate, Valerate, also several combinations with Iron and other chemicals.

RUMICIN

A concentration from Rumex Crispus. Contains chrysophanic and oxalic acids. Said to be decidedly alterative, tonic, mildly astringent and detergent. Indicated in bad blood with chronic skin diseases; bubonic swellings; low deposits in glands and cellular tissues, tending to indolent ulceration; and other conditions demanding improvement of nutrition, or alterative action. Dose 1-6 to 1 grain.

RHEIN

A concentration from the root of Rheum Officinale. Increases the saliva, gastric and intestinal juices and stimulate peristalsis; astringent secondary action. Indicated in gastric irritation, nausea, vomiting, elongated tongue red at tip and edges; irritative diarrhea with soreness on pressure; sour smelling discharges; gastrointestinal irritation with nervous irritability, restlessness, screaming and convulsive muscular contractions; constipation with a sense of intestinal constriction and abdominal contraction; light-colored fecal discharges. Dose for child 1-6 grain every two hours to effect, for adult 1-3 to 5-6 grain at same intervals.

SABBATIN

Merck mentions this as a glucoside from Sabbatia Elliotii, obtained as a brownish powder, soluble in water and alkalis. Actions and uses similar to quinine.

SALICIN

A glucoside found in many species of willow and poplar. Obtained as lustrous, white needles, with a very bitter taste, soluble 1-21 water, 1-71 alcohol at 25° C., 1-3.3 water at 80° C., 1-22 alcohol at 60° C., insoluble in ether and chloroform. (U. S. P.), melting at 200 to 201° C. Formula C_{13} H_{18} O_7. It acts similarly to quinine as a tonic and antiperiodic, and to Salicylic Acid as an antinheumatic. It also acts as an atipyretic. Is less irritant than Salicylic Acid. Employed in rheumatism, malaria and other conditions where Quinine or Salicylic Acid might be indicated. The tonic dose is one grain before meals, as an antiperiodic and antipyretic 20 to 30 grains.

SANGUINARINE

An alkaloid from Sanguinaria Canadensis, bloodroot, obtained as reddish-gray, crystalline powder, soluble in chloroform and amylic alcohol, slightly in alcohol and ether; insoluble in water, formula $C_{20}H_{15}$ N O_4. H_2 O. Acts as a tonic, stimulant, expectorant, purgative, emetic and heart sedative in large doses. The specific indications are tickling or irritation of the throat, with cough, burning or irritation in fauces, larynx, pharynx or nose, with red surface and thin acrid, burning or smarting

discharge, dryness of nasopharynx or throat and sharp lancinating pain, and a feeling as if the walls of the throat rubbed against each other; poststernal constriction, uneasiness at supersternal notch with difficulty in breathing; uneasiness and burning in stomach with nervousness. The salts of the alkaloid are the Nitrate and Sulphate, the former being the most commonly employed. As a stimulant expectorant the dose of the Nitrate is 1-67 to 1-22 grain every half hour to effect. For anemic amenorrhea 1-22 to 1-2 grain, before meals and at bedtime, with iron arsenate, during the intermenstrual period.

SANTONIN

A glucoside from Artemisia Maritima, German wormseed, obtained, according to Merck, as lustrous, rhomboid, white to pale straw-colored prisms or plates, or white to slightly yellowish powder, with a slightly bitter taste. Very insoluble in water, but soluble in alkaline solutions. Formula C_{15} H_{18} O_2. Acts as a vermifuge and used as a remedy for round worms. Merck gives the adult dose as 2 to 4 grains.

SCILLITIN

A bitter glucoside from Scilla Maritima, squill, obtained as a brownish-black mass according to Merck, while Vogel describes it as a solid diaphanous mass, colorless, of resinous fracture, pulverizable, at first bitter, then sweetish, very hygroscopic, easily soluble in water, recitified spirit or acetic acid. It acts as a diuretic, and is employed instead of Digitalin in dropsies. Its action on the respiratory mucosa is similar to that of Sanguinarine and it may be employed as a stimulant expectorant. Dose 1-67 every hour or two.

SCOPARIN

Merck mentions this as a bitter, phenolic principle from the tops of Cytisus Scoparius, obtained as an odorless, tasteless, pale-yellow, crystalline powder, soluble in dilute alcohol and alkalies, formula C_{20} H_{20} O_{10}. $3H_2$ O. Acts as a diuretic and is used in cardiac and nephritic dropsies. Merck gives the dose 8 to 15 grains.

SCOPOLAMINE HYDROBROMIDE

Salt of the alkaloid from the root of various Solanaceae, obtained as colorless, hygroscopic crystals, soluble in water and alcohol, formula C_{17} H_{21} N O_4. H Br. $3H_2$ O. Actions and uses same as Hyoscine. Employed in ophthalmia instead of Atropine. Hypodermic dose 1-240 to 1-60 grain. To produce general anesthesia 1-100 to 1-60 grain hypodermically. C. P. Hyoscine gives better results as a general anesthetic. The other salts of the alkaloid are the Hydroidide, Hydrochloride, Methylbromide and Sulphate.

SCUTELLARIN

A concentration from Scutellaria Lateriflora, skullcap, obtained as flat, yellow needles, soluble in alcohol, ether and alkalis, melting at 199° C., formula C_{10} H_8 O_3. Acts as a tonic, nervine and antispasmodic. Specific indications are nervousness, in or after diseases; or from exhaustion; or teething; nervousness manifested by muscular action; tremors, subsultus, hysteria, inability to control muscles; functional cardiac disorders purely nervous, with intermittent pulse. Dose 1 to 5 grains every hour to effect.

SPARIEINE

An alkaloid from the tops of Cytisus Scoparius, obtained as a bitter, yellowish, syrupy liquid, with a peculiar odor, soluble in water, ether, chloroform and alcohol, boiling under atmospheric pressure above 360° C., formula C_{15} H_{26} N_2. Actions an duses similar to those of Digitalin. Best employed where the latter is contraindicated. The salts of the alkaloid are the Hydroiodide, Hydrochloride, Sulphate and Trioidide. The Sulphate salt is the most commonly employed. Merck gives the dose of the

Sulphate as 1-4 to 1 grain, maximum 2 grains per day, but smaller doses have been found effective, when given at more frequent intervals, to effect.

SENECIN

A concentration from Senecio Jacoboea, obtained as a brown powder, soluble in alcohal. Has selective action upon the female generative organs, as an emmenagogue, also is emetic and astringent. The specific indications are, atony of reproductive organs with imparied function; uterine enlargement, uterine or cervical leucorrhea; difficult tenesmic urination; dragging in testicles; perineal weight and fullness. Merck gives the dose as 1 to 3 grains, but other authorities have found such small doses ineffective and recommend larger dosage.

STILLINGIN

A concentration from Stillingia Sylvatica. No description of the form in which it is obtained is mentioned. Acts as an alterative and is employed instead of, or in combination with mercurials and iodides, in syphilis and other conditions where an alterative is indicated. Dose 1-6 to 1-3 grain, every three to four hours, to effect.

STROPHANTHIN

A glucoside from Strophanthus Hispidus, from the seeds of the plant. Obtained as a very bitter, white or yellowish, amorphous or crystalline powder, soluble in water and alcohol; almost insoluble in ether, chloroform and benzin, formula C_{40} H_{66} O_{19}. Actions and uses similar to those of Digitalin. Superior to the latter in some cases. Dose 1-500 to 1-34 grain.

THEBAINE

Merck mentions this as a very poisonous alkaloid from opium, obtained as white, lustrous, crystalline scales, with sharp, styptic taste, soluble, one part in 10 of alcohol, 18 of chloroform, 20 of benzin, 60 of amyl alcohol, 140 of ether, melting at 193° C., formula C_{19} H_{21} N O_3. Action given as spinal convulsant. No dose mentioned. The salts of the alkaloid are the Hydrochloride and Tartrate. The Hydrochloride is recommended in neuralgia and neurasthenia and the dose 3-4 grain, gradually increased to 3 grains. Hypodermic dose 1-6 grain.

(To be continued.)

EXOPHTHALMIC GOITER.

By J. H. Liebkemann, M. D., 64 Randolph Building, Memphis, Tenn.

Gross as early as 1845 gives an account of goiter and its morbid anatomy. Loomis, under Basedow's disease, gives a better description of the morbid conditions present in exophthalmic goiter, but treatment is very limited. So far it seems to be a disease not thoroughly understood. To say it is an organ of hyphiecretion and hypersecretion is very well, but don't tell us much. The minute anatomy is well understood, but the cause is what we went to know. It may be possible that a materies morbi may be so potent as to cause more or less toxemia, this may be the cause of the diarrhoea, also the impoverished blood and possible cause of enlargement of the heart. Or as Lauder Brunton puts it, "nervous diathesis" may be the predominating factor. I have no doubt that in cases I have treated there was to say the least, great nervous excitement.

Case report.

Diagnosis, Exophthalmic Goiter. Miss R. W., aged 19, residence city of Memphis, general history: Diarrhoea, nausea, for which home remedies were used.

Called to see me, June 1909, swollen thymus glands, history of diarrhoea, nausea, a rapid and thumping heart, eyes bulged slightly. Diagnosis, exophthalmic goiter, is certainly correct. The diarrhoea continued until the early part of December. Nausea continued

August to January 1910. During August, vomited blood several times; in July and August feet and face swollen; general weakness especially in the knees. During October and November could not raise her body without assistance; ached all over, head ached continuously. With these symptoms before me, I had little faith in the outcome.

My treatment at first was for

℞

Sodium glycerophosphates...ʒiv
Aqua dis. .....℥iss
Orange flower water.....℥iss
Syrup of orange.....℥ss

Dose teaspoonful.

℞

Strychnine sulp. .....gr. ss
Iron arsenate.....gr. ij
Euquinine .....gr. xxiv
Ergotine (Bonjean) .....ʒij
Ext. digitalis.....gr. iv
M. ft. Pills no. 24

Sig. One 3 times a day.

For the Diarrhoea.

℞

Sulph. magnesia.....℥ss
Tinct. opium .....℥ss
Arom. sulph. acid.....ʒi
Sech. pepsin .....℈iv
Aqua cin. qs.....℥iv

Sig. teaspoonful every 2 to 4 hours as required.

For the past two months I have used the following prescription, and electricity, faradic current, three sittings weekly.

The granules used for the heart contained:

Digitalin 1-134
Strophathin 1-5000
Strychnine 1-500
Spartine 1-40
Glonoin 1-500
Cactin 1-134

Dose one 3 times a day.

I also gave Greenwood's formula of chlorine mixture.

Present condition of patient, is gaining weight and strength. No nausea, no diarrhoea, goiter becoming smaller, heart more regular, and enlargement reduced. Menses assuming normal color and quantity; appetite good, gait firm and looks as though recovery will be complete.

ARTHRITIS DEFORMANS

By William B. Mann, M. D., Ph. G., Evanston, Ill.

In a recent case I tried several remedies, highly praised, for arthritis deformans of finger and thumb joints. They were much enlarged and very sensitive and painful but obtained only slight and temporary relief. I put on my own thinking cap and tried:

℞

Potass acet.....ʒi
Acid salicylic.....℥ss
Tr. iodine.....ʒii
Tr. lobelia.....ʒii
Chloral hyd. .....ʒii
Hot water .....℥vi

M.

Had patient bathe fingers while yet warm, then gently dried, after which anointed with olive oil. First treatment gave surprising relief; continued every night, before retiring, for twelve nights and cure was complete. Can now bend fingers normally, no pain, no swelling. The same lotion may be used for the whole term of treatment by pouring from bath bowl into wide mouth bottle, cork well and set aside. Then to be heated again, poured into a tin container and set it on a piece of tin or sheet iron and cover. Turn on heat a few minutes and pour when hot into bath receptacle and go through same form.

THIRTEEN UNCANNY TALES

VII—THE INVISIBLE WITNESS

By GRACE M. NORRIS, M. D.

(Continued from page 241 June Recorder)

Words could not describe the sickening feeling produced on the doctor and his wife by the hideous sound they heard—the dull thud, the thump on the wooden stairs of the heavy, dead weight; the crash as the body seemed to roll over all in a heap at their very feet. Were they to live a thousand years, the events of that night would never fade from their memory, nor either ever forget the blanched, pinched lock of terror, written on the other's face. They stood there, rooted to the spot, too terrified to move. How long they stood there, petrified with fear, they do not know; they lost all track of time. Their taper which had been burning brightly, began to flicker, sputter, and burn in an uncertain way. Then it went out with a flickering gasp that was terribly like a human being's last breath, and the next recollection was Mrs. Morduant's recovery from a dead faint in her room, and her husband bending over her. The doctor interviewed the boarding house mistress in the light of the day, but she could assign no apparent reason for the working of the unseen agency.

So Dr. Mordaunt rented a diminutive modern cottage, centrally located which he furnished much against his will, on the installment plan. In sight of a front room on the second floor, where he had his library and kept his professional rubbish could be seen a fine villa nearly complete. Every variety of shrubbery had been imported to beautify the sloping grounds that rolled in broken billows to the bay. The gleaming freshness of the unpainted wood was being toned down with soft colors, scarcely perceptible through the gaps in the foliage, and the densely locked thicket that covered the intervening grounds. At length they heard that this new house was being built for Jim Weisel, a city man, and that he and his servants would occupy it during the season. At length Weisel arrived, accompanied by his staff of menials.

The doctor promptly kept his scheduled office hours and waited day after day for the patients that never came. The people seemed well satisfied with the two elderly practitioners and not inclined to patronize the new medical man, even though his brass sign displayed a higher grade of lettering than the weather beaten shingles of his competitors.

The race with the stork

The stork flew right and left and the energetic bird deposited its precious burden on many a doorstep. At length, one early morn the young practitioner received a hurry-up call, some miles out in the country. The only rig he could procure was

a heavy worn-out phaeton drawn by a lean, gray mare of twenty-seven summers. The ancient equine went at a wooden-legged pace, while the doctor with the aid of a five-foot fish pole administered whack after whack to accelerate her movements, till she blowed and snorted as she hobbled along, like a steam engine; but in spite of all the stork reached the shanty below the hill first.

He received half the usual country fee, and pocketed a soiled, ragged V and left seventy-five cents worth of drugs and gave dollars and dollars of advice gratis. Before he reached the town several straps parted company from the harness, but with his shoe strings and necktie, he fixed up the breaks and gained the stable. The proprietor of the livery was so enraged when he beheld the jaded horse and mended harness that he charged the doctor three cart wheels and fairly made the atmosphere blue with adjectives. The physician did not continue his calls at the house of the patient, as the family had engaged a general nurse. She fed the poultry, milked the cow, set several hens on goose eggs, papered two rooms, cut up carpet rags, did the laundry for ten, mended the garments, darned the hosiery, swarmed a hive of bees, cooked the victuals, nursed the sick and in spare time gathered catnip, and all this division of labor for three dollars a week.

The startling reflection

Three or four centenarians crossed the fabled Styx, but his colleagues were called to administer the last rites of the healing art. He grew a mustache and cultivated a hirsutic patch on his chin, with an intent to appear like an owl, more elderly and wise: but all these signs of progress were like the perfume of the flowers on the desert air, and likewise—lost, on their surroundings.

"Sport" Weisel was a man well advanced in years, though his massive frame and rugged features showed few marks of old Father Time's withering hand. His face was of the bull dog type, heavy, firm-set jaws, low, overhanging eyes, and brick colored hair cropped tight to his head. He was a child of shame, born he knew not where; reared he know not how. His earliest rememberances were of the street, of hard words and of still harder blows. He had grown to manhood, an outcast, until chance had thrown him in the way of a notorious ward boss, who saw Weisel had brains and was the kind of a tool he needed. For years as a cat's paw, he had danced attendance upon the politician and in this time the boss had learned to fear the hireling and when he had dropped out of the race, Weisel had stepped into his shoes, a profession which the law always reached out for but which the law never touched. For Jim, better known as "Sport" Weisel, had friends high in power, friends for whom his strong right arm often struck out, in closely contested elections. He was a representative of a class that exists only in great cities, and a professional bully—hand and glove with the officers of justice in the "Great Metropolis." Weisel possessed a large fortune accumulated how, no one dared say, openly.

Those who knew him best were aware that he might have succeeded with even greater rapidity in any of half a

dozen lines of labor. He could have shot his way as a soldier of fortune, struggled through perpetual ice and snows, or in tropical climates penetrated jungles, where the foot of the Caucasian had never trodden, or won fame as a criminal attorney in the courts of law, or constructed it out of wood or stone as a contractor. He was born to be a success, for he could engineer business and scheme and carry out his plans where other men would have hesitated and in hesitating have lost.

His vices surpassed his virtues, for deep in his nature lay a rich vein of sensualism. All his special senses were his masters, and he obeyed to the fullest extent of the letter. All the luxuriant edibles of land and sea were on his table, the finest imported tobacco and oldest wines and liquors supplied his inner neeeds. The best horses and newest autos filled his stables and garage.

It was evening. "Sport" sat on the balcony of his apartments with his chair tilted back and his feet on the railing, smoking. He looked off over the leaping tobacco waves to the town. His gaze fell on a bed of pansies with their beautiful faces up-turned to the moon-beams. Suddenly they seemed to fade away and in their places were the features of young girls—white slaves of his unbridled passions, who were driven by necessity or misfortune to sell themselves for the glitter of his gold, and when he had wearied of them, some had sank lower into degradation and the others found eternal rest in the dark water known as the "river of crime".

His whole life came vividly before him, as plainly as if painted on canvas. He mentally cursed the shifting pictures —he fain would forget. To calm his disturbed reveries he tried his usual sedative.

And then went to arrange for an introduction to Lisa Allyne, for he saw an opportunity now to invade the troubled surroundings and pluck the little white flower, which was a beautiful blossom, so lovely and beyond his wildest dreams. He would transplant this bud into a garden vacated by lurid beauties and when tired of the plant would pull it from its gilded grandeur and allow its worm eaten roots to dangle before the world. Then toss it away among other loathsome nettles and noxious growths and leave it for the mower of weeds to gather. Miss Allyne was a young woman, strong as the chestnut sapling, yet graceful as the swaying willow, her hair had the gloss of the raven's wing, while the flashes of her dark refulgent eyes were like sparks of fire. She had a dimpled chin, a crimson mouth that hid her pearly teeth, and a complexion like the purest ivory.

She and an elder sister dwelt with their father, a widower, in an imposing residence in New York on Fifth Avenue. He was a Wall street broker and during the financial panic lost his millions. Lisa Allyne had turned down all her American admirers for the irresistible charm of noblemen. They had laid their titles and qualities of head and heart at the feet of the fair girl. But as two, owners of ruinous stone piles in the old country, were about to call upon the parent and enter into profitable negotiations for the hand of his daughter, who was fitted by nature and fortune to wear the robes of royalty, the bankruptcy came and seeing the golden apple tossed into other hands they turned their attention to other trees capable of showering golden fruit.

Verily society life is a great pool wherein there swimmeth many fish, and on its shores patiently and impatiently, anglers of both genders and all ages fish with baited hooks wherewith each hopeth to entrap the fish that pleaseth them best. Many and divers are the devices in use; some do angle with a subtle thing called beauty, others with that shadowy substance, a title, and others again with a curious com-

pound of love, moonshine, zephyrs and smoke which with a certain kind of fish hath been found to be successful. But that bait which entrappeth most of all, is a yellow substance, hard and glittering; such magic hath it, that no sooner is it let fall into the sea, than what pushing and struggling and snapping succeedeth, each endeavoring to jostle aside his fellow and obtain it for himself. Beside these anglers sit various others who having attained their desire, do angle no more but employ themselves in instructing others of lesser experience. And much amusement doth it afford to those who walk up and down upon the shores of the great pool to watch the finny tribe that do sport therein, and the various successes and disappointments which befall they that angle for them.

John Allyne would not have approved of this suitor in times of affluency, but the loss of his mammon had made him hard hearted, and as a drowning person grasps at a straw for support, so he, with a gambler's restless spirit longed for dollars to try his luck again. Now he saw a chance in the future to "do" his prospective relations-at-law and start business at the old stand. Cool by habit and iron-faced by practice, he could not betray his annoyance when his daughter made know to him that she did not care to permit further calls from the politician, but realized that things in this world are extremely uncertain and that woman claimed the privilege of the right to change her mind often, and his daughter fully exercised that privilege, but by tactful reasoning he could bring her to his way of thinking, and in the end it would be of advantage to them both.

So he quietly said:

"Lisa, are you not acting rather hastily in this matter? Are you sure that you have given this affair due consideration?"

"Oh, yes, I have weighed the matter well and I am satisfied I cannot accept the attentions of this man, he has no name or notable ancestry; even if he should propose, and I should accept him, it would be only a mesalliance."

"Lisa, as far as ancestry is concerned, the history of Rome contains a page which might impart to you a lesson. In the dim past the Empire was once attacked by a hostile nation, the guards were slumbering at their post, likewise the dogs. The Gauls silently crept up the battlements and onto the unconscious sentinels and had already drawn their weapons to massacre them and add Rome to their conquests, but almost at the moment of victory, a flock of geese heard the invaders and raised such a cackling that the soldiers sprang to their feet and hurled the enemy down the rocks. After this, at their celebrations and parades a goose was displayed in a golden litter. As the story runs, centuries later, a number of these birds were driven to market and hurried along by the lashed whip of the boy, when the flock met the king, and the oldest gander addressed his highness and complained of the cruel treatment. The sovereign asked the fowl why he and his feathered companions should not be sacrificed to the needs of humanity and on what grounds they dared claim protection. The geese in concert replied, 'Our ancestors saved Rome'. 'But what have you done to merit my interference?' said the ruler. They could make no reply, but again in one voice referred to their honorable antecedents. 'If that is all you have to offer, drive them on' said the king."

"So, my daughter, it is in this century, a fowl or a man, cannot flaunt the meritorious historical actions of ancestors in the face of work and expect recognition or remuneration, for the deeds of their forefathers are lost in the echo of the ages, and each individual must be a worker, not a drone, and toil for himself. While money should not be the greatest power it has

come to be recognized as one of the most mighty. I have reached the 'dead line' of fifty and have no prospects and you have observed that our elite acquaintances have cut us on account of my losses and like the Levite pass by on the other side, while this 'ward boss' is the only Samaritan who has called''.

''But I do not care for him, I can never learn to love him; he is about triple my age and repulsive to me.''

''Bear in mind, my dear girl, that when you have lived as many years as I have you will understand that in nine cases out of ten, a marriage is not a love affair. Nine brides out of ten do not really love their grooms when they marry them. A few, perhaps, may think they do, silly, romantic girls you know, but, in the majority of cases, a woman marries for a home and a social position. Marriage, naturally, is the end and aim of a woman's life; when the man appears who has the requisite social position and the necessary wealth, and the woman feels that he is such a man as she can respect, she weds, trusting that love will come afterwards, which, as a general rule proves to be the case.''

Carefully as this view was presented, the womanly instincts of the girl recoiled from it.

''It is impossible,'' she cried. ''I could never bring myself to consent to such a union. To stand before the altar and swear to such would bring down the wrath of an outraged Heaven.''

Despite his efforts to conceal his feelings beneath the mask of indifference, the contempt he felt for his daughter's school girl ideas, was plainly apparent in his face, but he did not attempt to debate the question with her.

''I dare say you think it would be easier to go out alone in the world to battle for your daily bread, exposed to a thousand pitfalls and temptations?''

She made no reply and her pater familis continued, ''I fear some of those well meaning, shallow brained females, invariably at the bottom of all the mischief in the world have called upon you, advised you and perhaps offered to take you under their protecting wing, but, Lisa, you are sensible enough to understand that your fortune rests in my hands. It is my intention to make you this man's wife, and I assure you I shall not allow any foolish, girlish fancy on your part to interfere with that purpose''.

''You are wasting your time, father, I will never marry Jim Weisel, nor can you compel me to do so; you are my parent, yet it appears that you are only a scheming villain. I thank Heaven for this revelation of your true character. I am a helpless girl, all alone it appears with the exception of my sister in this vast world, and you to whom I should look for protection have turned against me and while the odds are in your favor, I tell you that you will not triumph in the end. A just Providence, if you force me into this marriage, will punish you and a day of reckoning will come for you, and when it does come it will be a terrible one''.

''My dear child,'' said Mr. Allyne, as he lit a cigar, ''that sort of talk is all very well on the stage, on the page of a novel, but in real life it is positively absurd. The idea of calling down the vengeance of High Heaven upon my head, simply because I want to make you comfortable and happy in spite of yourself. You are a foolish girl, like one of these foolish virgins who was not up with her lamp trimmed and ready to light and of course, got left when she could have enjoyed a good lunch with the rest. I admit that you possess considerable dramatic ability and perhaps might star in Uncle Tom, but the pitfalls are many and the red light district catches the rift, and well, these houses, Lisa, are but the gilded portals that belt the gates of Hell. You are young and don't know what is for your own

good. Age and experience have given me wisdom, as I am your guardian, I shall execute my right and control your actions. I know that in time, you will get over notions and therefore I mean to make you happy and you must look at things in a different light, be sensible and considerate and accept Weisel's attentions."

The cool declaration infuriated the maiden and she started from her seat, but the parent calmly waved her back with his hand, and continued, "Enough, my daughter of this melodramic performance. As to the reports of Weisel's immoralities, they were very likely magnified ten-fold, manufactured by malicious tale bearers. Man is a multiform creature and his nature has multiform cravings and a good woman is not a fit judge of a man's deeds. Mr. Weisel has been a bachelor all his life with no relatives or home comforts, and doubtless has met many forward girls and women, anxious for his favors. Should he turn away from an Eden where many an Eve waits on tiptoe for an Adam? If he finds the wine sweet, should he leave the elixir of life for some other chap to quaff? Would an angel shrink from entering a dwelling because forsooth, a demon had once flitted through one of the rooms? If the demon but left it swept and garnished, what need the angel care." And he left her.

Weisel continued his calls. One afternoon Lisa was startled out of her reverie by the sudden appearance of a diminutive young man in blue uniform on the cap of which the nickel plated letters "A. D. T." glittered conspicuously, and who, after deftly thrusting an envelope in her hand, defied the tradition of his kind by darting away.

The enclosure ran on that Weisel had procured tickets for an opera and invited a married couple to the play, and afterwards all would sojourn to his apartments and enjoy a lunch. He called at eight, habited in his best attire, in fact, he looked quite the gentleman, excepting that the checks on his trousers were a little too large and the dogs' heads on his velvet vest a little too flashy. To speak plainly, Sport's "get-up" came under the head of "loud." Not that Weisel had any such idea, for the glanced complacently at himself with an air that showed plainly that he was perfectly satisfied with his personal appearance.

"I rather think this is the sort of thing," he thought, as he stepped from the hack before the Allyne residence. "Blest if I don't look like one of the upper crust. This rig is just stunnin', I expect she will be taken with me and mighty glad of my acquaintance, and later as her 'friend'. For unless I miss my guess I shall make a hit and we'll be as thick as stickin' fly paper."

The curtain went down on the first scene and still the invited pair did not appear in their box and when the last act was over and they emerged from the lobby, a chauffeur handed a note to Weisel. He tore it quickly open and frowned at the contents, then handed it to Miss Allyne. The letter stated that the couple had started for the theater and on the way the wife had been taken ill and the two had returned to their home and expressed regrets in the most condolent of terms.

Weisel himself, as she tightened her hold on his arm and looked up at him questioningly, seemed equally puzzled. Though she half expected some such development as this, the girl scarcely believed that her escort was dissembling so earnestly he questioned the servant who had appeared before them with the message as to the seriousness of the lady's indisposition and his own personal discomfort.

The menial stated that his mistress felt better when he left the home and both intended to keep the appointment, and Mr. Weisel, would however, he

thought find them at his apartments when he reached the place.

Lisa appeared to accept the plausible explanation very cheerfully and entered into the carriage. Though young and personally unaccustomed to the diversions of birds of prey of this stamp, Lisa Allyne had not been in society for several years without acquiring at least an elementary knowledge of its good and evil.

Knowing the reputation of this man, and also her father's comparative poverty and her own lack of training for a trade or profession, it stood her in hand not to fall by the roadside. From these deductions, coupled with the fact that she possessed the personal purity of a nun with the insight and much of the experience of a woman of the world, she knew what to expect and for weeks she had anticipated with fear and grief this hour. She believed that the hour had at last arrived and in the gloom of the cab was silently gathering courage for the ordeal.

Her fears were in a large measure confirmed when, arriving in front of his hotel in a fashionable part of the city, it was found the auto of the party was not there. Weisel laughingly remarked on the tardiness of his guests, taking her arm, lead her up the stairs, taking it for granted that she would enter and wait for the others. Lisa Allyne had, in imagination gone through the essential features of the hour that followed a hundred times, so that she was at no step unprepared or taken back as she advanced, thread by thread, into the web that had been spun for her. Fully familiar by hearsay with the methods of Weisel and lesser men of his kind, she experienced a sort of scornful anger that he should consider her so unsophisticated as not to be able to gauge his motives.

During the hour that passed the delayed guests had been referred to a couple of times and thereafter were not mentioned. Usually serene, she was now a slumbering feminine volcano, at heart Puritan, despite her environments trapped of her own volition, she found herself alone with the man with whom fate had thrown her.

The apartment was magnificently furnished from the velvet carpet on the floor to the paintings that adorned the walls. A side stand was piled high with current magazines and popular novels. Seltzer syphon, decanter and glasses and smoking materials were much in evidence. The table glittered with silver and cut glass and its viands would rival those at the banquet of Anthony and Cleopatra. The room was lighted with a candelabra, cloaked in a crimson shade, the whole supported on the shoulders of a nude figure in brass.

A realization of her position struck her with an icy chill and such was her pallor, that the wealthy roue had a good excuse for offering her wine, as she had half an hour previous refused to sample bon-bons offered her in a elaberate box from which he had cut the rich ribbon himself, perhaps to convey the impression that the box was just from the confectioner's, and for the first time the seal was broken.

Dazed and dully wondering, she looked at him and shook her head for she knew the draught was drugged. "Please, Miss Allyne," he said as his lips parted in a smile and showed his wolfish teeth, "you need refreshments; you are tired with this long wait, for our absent friends: let us rest, dear."

She had seen and tried to draw back from the arms that went about her, but with a firm force that rendered her powerless he drew her tightly to his breast and throwing off the mask, looked smiling into her frightened eyes.

Her pallid cheeks burned hotly then and she turned her eyes away from him only to have them fall on his image in the great mirror. If for a moment Lisa's white soul poised on the brink,

veered towards the depths, as she suddenly realized her position. Whether it was a delusion of her overwrought nerves or caused by the waving shadows thrown on the mirror, she did not know. But there on the wall in the French plate crystal, Weisel's reflection distinct as reality faded slowly and in its place leered a skeleton clasping her own reflection in its embrace. To shut out the sudden vision, she buried her face on his shoulder with a broken cry. The clock on the mantel ticked audibly. A minute passed, two, three; wholly unconscious of the ghastly mirror behind him, Weisel interpreted her act as one of surrender and gloatingly stooped to whisper in her ear. She groaped in the folds of her low evening gown, apparently for her handkerchief and when her hand came up, he stepped back as if an ocean had rolled between them. For in her hand was a silver mounted twenty-two and her black orbs were fixed upon him in a basilisk gaze. The man contemplated but a second in baffled silence, then swiftly a look of rage and vexation spread over his face. While deep angry resentment lurked in the fathomless depths of her eyes; eyes that were filled with subdued wrath, of fierce, revengeful light.

Then while her color came and went, the fury of the storm which had been gathering for weeks broke forth. Weisel's face was ashy, mortified as he was at his miserable failure, sat there without a word, apparently embarrassed.

For of all the women he had met, not one had possessed such Spartan courage, and he realized in the emergency that she was the better man of the two. Then he began to consider as to the truth of the old saying, that it was not good for man to be alone, and could not help putting the question to himself, if he would not be happier if he had a wife like her to care for him, some heart that would love him above all the world beside. And when he thought of that question he knew that the woman stood before him and caught himself like the German Lover, wishing "that it might be."

(To be continued).

NAN

By Gordon G. Burdick, M. D., Chicago, Illinois

(Continued from Page 254 June Recorder)

MY FIRST VACATION

Before leaving town, I had thought it necessary to call and see Madam Mindo, in order to get all the information she would give me regarding Nan, so that I would be able to take up the investigation at the other end of the line with some assurance of success.

The Madam had aged considerable and had lost much of the fire and sparkle that distinguished her when I had last seen her and she was now only running her joint as a source of revenue and trying to break into society in one of the suburbs. She was rather sensitive about meeting old acquaintances, and she did not loosen up on the evidence, I wanted until I made it plain to her that I was in no mood for joking. I simply wanted to know the exact date she had purchased Nan, and from whom she had bought her, and after considerable "jockeying" was told that she was purchased on a certain date, and from "Sheeney Ike", the local representative of the St. Louis band of slavers. I thanked the Madam and started out to look up the Austrian Jew who attended to our local demand, and after quite

a hunt found him running a barrel house in an illfavored part of the city.

I introduced myself and stated my business, only to meet with a cold stare and a complete disclaimer, which was emphasized with many mannerisms of his race. I came back at him with the demand for the information I wanted, or over to the police station he would go. This threat produced a peculiar effect upon him. He threw back his head and laughed loud and long, and gradually as he saw it made no impression on me he ceased, and winking at an associate he brustled up and ordered me out of the place, and as I showed no signs of going he came round the bar towards me in a menacing attidute. I was observing his every action and was conscious that he was about to perpetrate an old trick of the underworld,—get close enough to slip a glass in my pocket and then set up a cry for a policeman. When he approached close enough to me I made a quick turn and grabbing his wrist I gave it a half twist that brought a scream from him, while I put the glass on the bar and transferred his right hand to my left, just in time to catch his helper with my ammonia gun square in the face.

I had no farther concern regarding him as I had no doubt I could get what I wanted before he would be able to get his breath and see out of his eyes. The misfortune of his confederate had impressed my man, and be began to whine that he was innocent.

He was told sternly to shut up or tell the truth, and the command was emphasized by a vigorous thrust on his wrist that made him howl with agony. After a few minutes he agreed to tell me all he knew, and did it with a little prompting from time to time, as I thought he was lying. It is wonderful how much a coward thinks of his own skin. When I was satisfied that I had enough data to carry on my investigation elsewhere, he was given a squirt from the ammonia gun to remember me by, and I left him to enjoy a new sensation, while I hurried to catch a train to St. Louis. I had taken the precaution of getting a letter from our Chief of Police to the one in St. Louis, as I did not know just what trouble I might get into or what difficulties might be encountered in getting information in that city, and when I got there I made a cautious survey of the situation before begining operations.

I located my man and was soon on good terms with him. My knowledge of the underworld enabled me to pass unchallenged anywhere I pleased, and a few days work showed me that I was on the right track.

I displayed a knowledge of the celebraties in our local field that was a card of admission to any of their places. I let it be gradually known that I was down there to "pull off a job", and there was considerable curiosity to know just who I happened to be, and what I intended to do while in the city.

The curiosity of the St. Louis slaver was aroused and he cultivated my acquaintance evidently acting the part of a "stool pigeon" for the police.

He was informed that Sheney Ike was a special friend of mine, and had recommended me to make his place my headquarters while in the city. Thus vouched for, I was on a footing where I could discuss the subject of girl hunting in an academic sense, without arousing suspicion, and gradually drew him into a discussion of ways and means, and growing more personal, mentioned a number of cases that Ike had placed, telling some thrilling experiences concerning them, and gradually brought home to his mind, the little humped backed girl and what a lot of trouble she had made.

He said he knew her and had gotten her from a woman who makes it a business to supply him with a few occasionally, and in a discussion on the ethics of a woman lending herself to that kind of a thing, her name escaped him. I was jubilant but did not betray any

signs of my mental state, and left him as soon as I could do so without arousing any suspicion, and made directly for Police Headquarters, where I showed my credentials and told them my errand.

The Chief was very solititous regarding my intentions, promising me help, but doubted the advisability of making a fuss, after all this time had gone by, and he seemed relieved when I told him that it was not my intention to punish anyone, but only a desire to look up her relatives.

He called a man, and sent him out to get Mrs. Miden and have her call at headquarters immediately, while I was told to wait. In the course of an hour the man returned with a middle aged woman, who was flashily dressed, and who seemed well acquainted with the Chief. They shook hands cordially and chatted for a few minutes, when the chief said:

"Madam! There is a man here from Chicago who is looking up the pedigree of a humped backed girl that you placed with Chinese Tom. He has no desire to punish anyone, but wants to find her relations. Where did you get her?"

"From the Orphan Asylum," she said readily, and without embarrasment, "I had her about six months before I let her go. She was no good anyhow."

"Is that all you want," asked the chief.

"Sure!" I answered "and I am much obliged to both of you for your help in the matter. If I can impose on you more, however, I wish you would send Officer Murphy over to the institution, as it might expediate matters."

"All right, Doc," said the chief, "and I wish you success," and we parted very good friends. When we were alone the officer eyed me up and down, ungently.

"Say!" said Officer Murphy, "who the devil are you?" "Why?" I asked after the Yankee fashion.

"Well!" said the officer resolving the problem in his ponderous mind, "I dunno. I have seen other people locked up and railroaded into the pen for asking for less than you pulled off today. This is usually not considered any of a citizen's business, and it is generaly unhealthy for anyone to butt into it. I don't understand it," he said dubiously.

"Well, don't try to," I said kindly, "it is all right, if we pull off the other end today."

At the institution we were met with an individual, who was very alert and pious. She regretted that she could not reveal matters of this kind and could under no circumstances show their books without action of the Board of Trustees, she was sorry, etc., etc., and probably would have continued, if I had not told her bluntly to get her trustees together as soon as God would let her, or to be prepared to go into Court to defend the institution against the charge of placing girls into the hands of white slavers. That I had the goad on her, and that while I had no desire to punish her or the institution that information I would have, and have now.

"That's right!" said Officer Murphy. "I am from the chief, and no grand stand plays go, see!"

She saw and allowed us to see the records, where we found that Nan had been placed in the institution on a certain date, and had come from a small country place about 200 miles from St. Louis.

I was elated at my success and after thanking the woman I went out and took a train for the town mentioned and after a wearisome ride of half a day found myself in a small town in the interior.

Northerners were not very welcome and the people were suspicious and rather inclined not to give any information to strangers and it seemd good to me to give the impression that I had come to fish in their river. In this way I made the acquaintance of several venerable darkies, who seemed likely to know about the gossip of the place for ten years back.

I gradually got these people to talking about the various feuds in the country and soon had the following tale.

"You see Colonel Morgan was a powerful quick man with the gun, and he and Joe Davis got into a gun fight one day in town, and Joe was killed. This got the whole Davis family down on the Colonel and they layed for him, and one night when he was coming home from town on his mule, Jack Davis hid behind a clump of bushes, intending to kill the Colonel. The bullet missed and the Colonel killed Jack. This made the Davis family worse than ever, and they vowed they would get even. Nothing happened for some time, when one night near sundown the Davises crawled up to the house and shot the old Colonel when he was not looking. They killed the Colonel's wife also."

"Where did this all happen?" I asked innocently.

"Oh, up the river a good spell," said the darkey pointing.

"See here, uncle," I said "you are telling me Breer Rabbit stories."

"No, honest, boss, it's the truth."

"Well, I will bet you a dollar you can't show me the place."

"I take you," he said eagerly, as he began to ply the oars, and in the course of an hour he pointed proudly to the place, that fitted to a dot Nan's description, minus the mule.

No one had lived in the place since, apparently, and while it was disreputable and dilapidated with the windows all broken, I explored it carefully looking for something that would give a clew to conditions. An old soap box laying on the fireplace, which was quite high was the only thing found to show human occupancy. This on being opened, showed a few highly colored paper dolls which I slipped into my pocket for Nan.

When we got back to town I looked up the only lawyer in town and made his eyes stick out like door knobs by giving him $25.00 as a retainer, probably the largest he had ever seen, yet he was fearful to take it, and said:

"Stranger, you will pardon me, suh, but what might be your business? Your actions have been mighty suspicious the last few days. We don't allow no white person to have anything to do with niggers down here, suh."

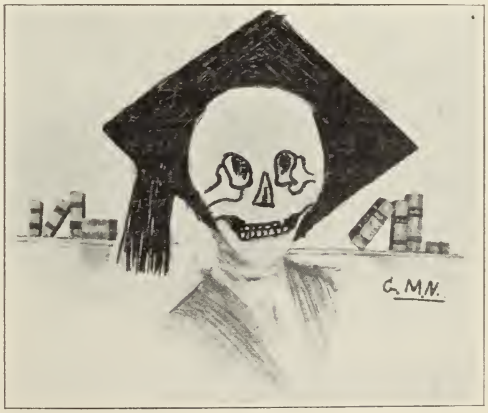
I told him my mission and won his sympathy and be promised me to look up the matter and inform me, but I must leave town by the next train, as the boys had their suspicions about me.

This he did and I found that Nan did not have a relative living nor any property as her father, like thousands of other people in this region, was simply a squatter after the war. He had been a landed proprietor and was ruined, when he went into the army, by the Union soldiers.

Bad health and dissipation had prevented him from gaining a footing after the regrettable disturbance was over and he had been contented to drift with the rest of the people in his vicinity.

(To be continued.)

THE MEDICAL CO-ED



Drawn by Grace M. Norris, M. D.

DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

ECHINACEA AND CACTUS

A few days ago, I had a communication from Dr. J. A. Burnett, in which he advised me that he was investigating the therapy of the above mentioned drugs, and asked regarding my experience with them, requesting that I make my reply through the columns of The Wisconsin Medical Recorder.

While there has been much said to the contrary, regarding echinacea, I have found that it has given me good results when applied in conjunction with calcium sulphide in the treatment of boils and other phlegmons. With this combination I have seen a marked change of conditions take place within a very short time after beginning administration. I have employed the concentration of the drug, of which 1-2 grain equals from ten to fifteen drops of the tincture for internal exhibition, while externally, on several occasions, I have applied the tincture to the seat of inflammation. In such cases, it has been apparent to me that there has been some improvement. I have also employed echinacea internally in skin disorders, with more or less success. The concentration is made up in tablet form and my dosage has been from one to four tablets at intervals of from two to four hours. As I have invariably employed this drug in combination with calcium sulphide, it is possible that the results have been obtained from the latter, and not the former. During the time that I have been employing echinacea I have not had sufficient experience to warrant any positive opinion regarding its specific action, but it seems apparent to me that it is not wholly inactive.

There is a great deal of contention regarding the activity or non-activity of cactus. Those men who base their opinions upon the action of the drug upon healthy animals in laboratory experiments contend that cactus is wholly inactive as a heart stimulant or tonic. On the other hand, by those who have employed the drug at the bedside, in pathological conditions of the human, it has been found that a decided reaction is obtained and that when it is employed to effect, there is a marked improvement shown. My experience has been such as to make me of the latter opinion, as I have obtained marked results in several cases, especially in the weakened heart due to the influence of the high mountain altitudes. In such cases, I have found that 1-67 gr. to 2-67 gr. doses of the concentration, cactin, three times a day, give marked aid in strengthening the heart action. I have also found that in cases of shock, following accidents, with a very rapid and weak pulse, that 1-67 gr. doses of cactin, at frequent intervals to full effect, will, within a short time slow the pulse and increase its volume. In weakened heart conditions, due to faulty nutrition, it has been apparent to me that a decided change for the better occurs in all cases.

When administered to persons in absolute health, I have seen no change either in the rate or character of the pulse, and am of the opinion that those experimenters, who have based their opinions upon the action of the drug upon healthy animals have been at fault in their findings, as the clinical experience of numerous practicians has been decidedly to the contrary.

Cactin, and other preparations of cactus, are decidedly preferable to other

heart tonics, in that they are non-poisonous and may be administered to full effect, without fear of untoward drug action, so peculiar to remedies of this character.

While much is said to the contrary, as regards to actions of the two drugs under discussion, I believe that both have a place in medicine and should not be thrown out without further experimentations, such experiments being based upon pathologic, and not healthy, subjects, and that such findings should predominate, rather than those made upon healthy animals in the laboratory. It is my belief that all experiments should, as far as possible, be conducted clinically, at the bedside, and upon humans, as it is a known fact that certain drugs, active when so employed, are without activity when administered to healthy animals, and that some drugs are wholly inactive when applied to the latter, be they sick or well.

My findings with both of these drugs has been such as to instill a belief in my mind that they are active, when properly employed, and such belief, following clinical observations, is of sufficient strength as to encourage me in their further use.

George L. Servoss, M. D.

Fairview, Nevada.

ECHINACEA AND CACTUS

Echinacea angustifolia has seemed to me to be of benefit as an antiseptic in all blood dyscrasias.

In recurrent furunculosis, in connection with the clean-out and clean-up system, it has done good work. In one case of carbuncle with great asthenia, it was used locally and internally with excellent results. In tonsillitis with ulceration, it acts better than in ordinary simple follicular tonsillitis. In extensive diphtheritic sore throat with pseudomembrane on both tonsils and soft palate, it seemed to act beneficially. Scarlatinal sore throat with intense swelling of the cervical glands was rapidly relieved. In one case affecting the joints suppurative synovitis after scarlet fever, it relieved the pain and controlled suppuration. It relieves the pain of erysipelas locally and aids resolution. It was the means of saving three puerperal septicemic cases after curettage had been performed. It gave great relief in three cases of severe confluent small pox.

In cases of severe typhoid infection, it seemed to control the symptoms remarkably. It is an intestinal antiseptic of great value. I have used it in painful varicose ulcers locally and internally with success.

In all these cases, the dose has been larger than that usually recommended, of Lloyd's normal tincture. I give one half to one teaspoonful every two hours. If the action is needed on the throat, I give it undiluted or with a small quantity of water. In other cases, for internal use it should be well-diluted. I have learned to depend on echinacea in all cases of sepsis and believe it to be one of our most dependable remedies.

Cactus grandiflorus is another remedy of deserved repute in functional irregularity of heart. I have used it in palpitation of nervous origin and with invariable success. In "fidgets" with rapid pulse, it has always commanded the situation. In "nervous heart", with palpitation and a feeling of "all-goneness", as a heart tonic in weak pulse of pneumonia and typhoid fever, in rapid weak pulse due to asthenia in children, in rapid pulse of rheumatic endocarditis of children, cactin (Abbott) has given the best of satisfaction. In hypertrophied heart with overaction due to exertion or late hours, sexual excess, etc., cactin, three pellets, repeated in one hour, gave rapid relief.

In several cases where digitalin alone failed to relieve the symptoms, in low

tension rapid pulse, cactin was added with benefit.

In "tobacco heart," it controlled the symptoms remarkably. In these cases, I give three granules, every hour or two until relief. Usually three granules every three hours in adults, one granule every three hours in children have proved sufficient to relieve the symptoms.

R. J. Smith, M. D.

Collinston, Utah.

DISPENSING

The question of a physician's dispensing seems to be a debatable one and not in process of immediate solution. But it seems to me that we, as physicians, should maintain our rights in this matter, whether or not we avail ourselves of our privileges.

The party really most concerned in the matter is the patient. If he prefers a prescription for every dose of medicine and prefers to pay for the prescriptions, and pays the doctor too, then he should be given prescriptions. In some cases the delay in getting the medicine, waiting in the drug-store while it is being compounded and paying a good price for the medicine has a powerful suggestive influence. If the patient is a tight-wad, a slow-pay or a dead-beat, the druggist will more often get something out of him for the medicine and this class of patient will at least have paid something for the treatment of his disease. Most of my patients are of the working class, rarely getting over $20.00 to $25.00 a week and what little dispensing I do from my pocket case is appreciated and I often see to it that it is appreciated by remarking as I leave granules of calomel or podophyllin or make an extemporaneous mixture, "This will save the expense of one prescription".

The one whose interest ranks next is the doctor. In some instances it is purely a matter of choice with the physician as to dispensing or not; in other instances he must dispense because his patrons are used to it or for other reasons. Each man must decide for himself what is the best thing for him to do in his present environment.

The U. S. P. and N. F. propaganda has much in its favor but pushed to the extreme it would dump us all into the same ruts. It is high time for the physician to make his declaration of independence, maintaining the right to reach out, take and use anything that he believes will help his patient. If echinacea helps my patients I am going to use it regardless of the pronunciamento of any council of pharmacy. If I want to use echitone, ecthol, listerine, glycothymoline, Fellow's syrup of hypophosphites, liquor sedans, etc., it is my privilege to do so. No body of men outside of the profession pretends to dictate to the surgeon what kind of sutures he must use, what sort of stitches he must make and when he should use drainage; the physician should have the same freedom.

In Chicago it is almost necessary to success to have one's office in the same building with a druggist and when one is associated with druggists such as I have been associated with in this neighborhood, a physician finds co-operation of benefit to both parties.

Our calling presents a great many complex situations and it is often difficult to thread one's way through the maze of difficulties. All classes of society need our help, accept our services and then comes the war of wits to get our remuneration. It sometimes amounts to earning one's money three times over to collect it. It is fortunate that honesty is not altogether a lost quality and that many people pay the doctor when his services are rendered.

E. P. S. Miller, M. D.

Chicago, Ill.,

RUNDSCHAU

By H. SPEIER, M; D.
Minneapolis, Minn.

DIAGNOSIS OF TUBERCULOSIS IN CHILDREN.

That tuberculosis is very frequent in children of all ages, even during the first year of life, is proven by statistics from widely differing fields of observation. Its early diagnosis, indispensible to success in treatment, offers peculiar difficulties. Hence a brief resume of a valuable article on the subject by Shaw and Laird should be acceptable.

The modes of infection have a most important bearing on the diagnosis. Prenatal, congenital or hereditary tuberculosis is so rare that it can be disregarded. Children are not born with tuberculosis, they acquire it. Therefore they should not be subjected to constant Infection may take place through the contact with tubercular individuals. air, by inhalation or from the food. The former is by far the most common route. The dangers to the child in a tuberculous home are very great, as all children have the impulse to put everything into the mouth. The occurence of infection through the intestinal tract is entirely denied by some observers. The danger from the milk of tuberculous cattle is probably over-rated.

A diagnosis of tuberculosis in a child by rational symptoms alone is impossible in the early stages. But the history of tuberculosis in the family of a sick child is almost a priori evidence of the presence of some form of tuberculosis. Holt considers as probably tuberculous every infant who has been for any length of time in constant contact with a tuberculous parent or other member of the household. Bottle fed babies have a greatly lessened resistance to infection.

The causative relation of hypertrophied lymphoid tissue, adenoids and enlarged tonsils, to tuberculosis, though generally believed in by the profession, is really not proven.

The commonest forms of tuberculosis in early childhood are glandular tuberculosis, tubercular meningitis, acute miliary tuberculosis, tuberculosis of bones and joints, and pulmonary tuberculosis.

Pulmonary tuberculosis is far more common in early childhood than generally supposed. Tubercular bronchial glands are found in eighty per cent of tuberculous children by autopsy. They produce no symptoms chracteristic in themselves and their presence is rarely detected by the ordinary physical examination of the chest. Extent of bronchophony below its normal level at the seventh cervical vertebra is mentioned as one of the symptoms. Examination by X-ray may show enlarged glands. Temperature is not nearly as important a symptom in children as in adults, except in acute processes, as meningitis.

The examination of sputum in infants has always been considered impracticable because they swallow the secretions coughed up. Holt has shown a way to overcome the difficulty. He excites a cough by irritating the pharynx with a small bit of muslin held in an artery clamp and which readily catches the secretion as it is coughed up.

Tuberculin may be used in children as in adults for diagnostic purposes. Pirquet's method of skin vaccination or as Calmette's ophthalmic test. The latter is hardly to be recommended owing to the serious injuries to the eye it may cause. The Germans have recently developed what they term the "Stitchreaction". One mg. of Koch's old tuberculin is injected subcutaneously. A local reaction takes place at the point of entry of the needle. When positive there will be a slight redness after six to eight

hours. The next day there will be more inflammation with some induration, which with a brownish-red discoloration persists from five to six days.

Of late years dermatologists have described small papules on the skin in cases of tuberculosis. These tuberculides are spoken of as of great diagnostic importance in young children, even though no more than three or four be present. They are small, slightly raised, round papules red at first, later often brownish. The crest is covered with a scale which can easily be scraped off, leaving a small crater like depression in the center. Removing this scab does not cause any bleeding and there is never any tendency to ulceration. "The finding of any one or more of these" we read in Pfaundler and Schlossmann, "would show the existence of a latent tuberculosis and put us on our guard and suggest therapeutic measures which used thus early would save life by preventing the spread of the tuberculous process."

TREATMENT OF GASTRIC ULCER.

It is conceded that drugs have only a small part in the treatment of gastric ulcer, but that chief reliance must be had upon diet. Two methods of feeding, the one taught by Leube, the other by Lenhartz, based on opposite principles and therefore widely different, are being followed by physicians. At the last German Congress of Internal Medicine these two methods were presented in rather sharp contrast. Lenhartz read a paper on his system. Leube discussed and criticized it. As we have given Lenhartz's plan in detail at some previous time we will only repeat now that his fundamental idea is that, ulcer being due to hyperacidity and anemia, a carefully graduated diet of albuminoids is indicated. He gives one egg and two hundred grammes of milk on the first, two eggs and two hundred grammes of milk on the second day and so forth. Lenhartz himself and many of his followers have obtained excellent results particularly in promptly allaying pain.

Leube on the other hand uses what he calls a "Schoniungs diet," that is a plan of feeding to give to the diseased stomach physiological rest. For the first three days he gives nutrient enemata which, if only half absorbed, would supply to the body as many calories as Lenhartz' two eggs and two hundred grammes of milk. From the fourth day onward his diet consists of one-half liters of milk, one half of a bottle of meat juice, and two hundred grammes of zwieback, giving a total caloric value of over 1800. This has not only proven sufficient in the majority of cases to sustain the body weight, but has in many instances led to an increase in weight. It is true, however, that some patients have lost weight at first.

Absolute rest in bed for one or two weeks is considered absolutely essential by him. In addition he gives small quantities of Carlsbad water and applies heat to the epigastrium, preferably in the form of linseed poultices. The skin of the epigastrium is first scrubbed with soap and water and with perchloride of mercury solution and washed with alcohol. The region is then covered quickly with a borax wax ointment. Over this a compress is laid and on the compress a poultice is applied. The poultices are renewed every fifteen minutes. He does not discontinue the poultices even if blisters form as the skin is kept sterile and therefore no harm can come. When hemorrhage occurs, ice is applied to the epigastrium.

Leube's result with his method of diet has been very satisfactory. While the mortality from gastric ulcer used to be thirteen per cent, it dropped down to two and one-half per cent, and with improved diet as low as 0.3 per cent. Hematemesis requires complete withholding of food by mouth. The tendency to renewed bleeding is treated and with adrenalin, bismuth, rest in bed and injection of morphine.

THE WISCONSIN MEDICAL RECORDER

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EDITOR
Janesville, Wis.

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We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 13 JULY, 1910 No. 7

EDITORIAL NOTES

On account of the absence of the editor in London, England, this issue is unavoidably late.

The first article on London by the editor will be in the August Recorder. It was impossible to prepare the article in time for this issue.

The editor of The Recorder has just returned from his trip to London as this number is being issued. This will insure the earlier appearance of the August number.

The Leube idea of treatment of gastric ulcer is favored by most teachers of medicine, such as Ewald, and followed most generally in practice. A. Jacobi, in an article in the N. Y. Med. Journ., expresses his adherence to it..

We publish two interesting articles on echinacea and cactus grandiflora in this number. We shall publish several more good articles on these much discussed drugs. If you have had any experience with these drugs we shall be glad to have you join the discussion and send us reports of your observations.

Socialism is a question which will not down. We have printed articles on both sides and have other articles for early publication. The socialists now have complete control of the government of Milwaukee, so we shall have an opportunity to see what practical socialism is. It is an easy matter to sit down and criticise as the socialists have done in the past but now they have the opportunity to make good what they advocate.

♣ ♣ ♣

ENCOURAGEMENT

Drawn by Grace M. Norris, M. D.

Doctor "Ah, how do I find you this morning?"

Patient. "My breath, doctor—is getting shorter and shorter."

Doctor. "Ah, don't worry; I'll stop that."

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books of interest to doctors. Items of literary news will furnish information on progress in the world of literature.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepred Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and Other Topics of Interest to Students and Practitioners, by Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, with the Collaboration of Wm. Osler, M. D., John H. Musser, M. D., A McPhedran, M. D., Frank Billings, M. D., Charles H. Mayo, M. D., Thomas H. Rotch, M. D., John G. Clark, M. D., James J. Walsh, M. D., J. W. Ballantyne, M. D., John Harold, M. D., and Richard Kretz, M. D., with Regular Correspondents in Montreal, London, Paris, Berlin, Vien-Na, Leipsic, Brussels and Carlsbad. Volume II., Twentieth Series, 1910. Pages 304, Illustrated. Cloth, Price $2.00. J. B. Lippincott Co., Philadelphia.

This issue of International Clinics is a very practical issue, containing a large amount of matter of value to the general practitioner. Prof. James Tyson, of Philadelphia, furnishes a clinical lecture on "Treatment of Cardiovascular Disease", giving both medical and non-medical treatment. Dr. Frank Billings, of Chicago, contributes a terse article on "Effects of Gall-Bladder Infection." "Epithelial Tumors of the Eyelids" is a valuable article by by Dr. Leslie Brechanan, Surgeon to the Glasgow Eye Infirmary. Two very interesting contributions are: "The Progress of Medicine During the Past Twenty Years" by Prof. James J. Walsh, of New York City and "The Progress of Therapeutics During the Past Twenty Years" by Dr. A. L. Benedict, of Buffalo. Some of the other articles are:

"Treatment of Amoebic Dysentery," by Ch. Dopter, M. D.; "Dropsy and Its Treatment," by Herman B. Allyn, M. D.; "The Diagnosis of Chronic Pancreatitis," by Charles Greene Cumston, M. D.; "The Spontoneous Cure of Cancer," by Guthrie McConnell, M. D.; "Some Remrks Concerning So-Called Inoperable Tumors", by J. Garland Sherrill, A. M., M. D.; "Report of Saturday Surgical Clinics at the German Hospital of Philadelphia, 1908 and 1909," by John B. Deaver, M. D., D; "Drainage of the Ventricles—Saline Irrigation—Injection of Antimeningitis Serum (Flexner) in cerebro-Spinal Meningitis" By Louis Fischer, M. D.; "The Contingent Treatment of Eclampsia," By J. W. Ballantyne, M. D.; "The Treatment of Puerperal Eclampsia," by Robert Jardine, M. D., Edin.; "Cyesiognosis," by William B. Doherty, M. D.; "Seborrhoea and Its Consequences," by Arthur Whitfield, M. D.; "School Furniture With Special Reference to Lateral Curvature of the Spine", by H. Schwatt, M. D.; "Syringomyelia With Hypertrophy and Atrophy," by Max G. Schlapp, M. D. (Berlin).

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The July Everybody's contains: "A City's Dream of a City," by Ernest Poole, an inspiring article, well-chosen to lead the number. "Fake Mining Schemes," by Emerson Hough, is a revelation of the manifold frauds that feed on green investors and cast odium on a legitimate industry. "Golfing with the President," by A. E .Thomas, is an intimate glimpse of Mr. Taft at play—or at work, according as you are or are not a golfer.

The Wisconsin Medical Recorder

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A NERVE GRAFT

SOME PECULIAR FEATURES OF SURGERY

By A. S. CORE, M. D., Ophthalmologist and Otologist to Columbia Hospital, Chicago.

Read before the South Chicago Branch of the Chicago Medical Society.

Mr. D., age 61, entered Dr. A. A. O'Neill's service at the Columbia Hospital, February 13th, 1910. He gave a history of having enlisted in the 15th U. S. Cavalry, January 1864. He was in the Georgia campaign from Chattanooga to Savannah. When General Johnson surrendered, the 15th U. S. Cavalry was at Charleston, S. C. The regiment was stationed at various points in the south until the winter of 1865 and 66 when they were garrisoned at Mobile, Ala. Here he contracted typhoid fever, his first illness, and when convalescent was honorably discharged for disability after twenty-seven months in the service. As a result of this illness a mass appeared on the left side of the face behind the angle of the inferior maxillary and remained large, but gave no pain at the time. He returned north to his home and after a few months, considered himself cured with the exception of the mass which still remained large but not painful. In 1870 he went west to Nebraska and became a cowboy, farmer and stock raiser. Ten years after his typhoid fever illness, the mass which had always remained large began to get hard and painful and cause trouble. In 1887 a surgeon persuaded him to submit to an operation, and under cocaine anesthesia, an incision was made in front of the ear, over the ramus of the inferior maxillary, extending downwards and in front of the angle and posterior to the facial artery, severing the temporo-facial branch of the facial nerve, but leaving the mass intact. He said both he and the surgeon got cold feet and let the wound close without sutures. It soon healed without infection, leaving the left side of the face completely paralyzed and in this condition it has since remained. The paralysis of the facial nerve with the enlarged painful mass continued until 1908, when the left side of the face became very painful with sharp pains radiating through the affected parts.

A dentist was consulted and a tooth extracted but no relief obtained. Every few months another tooth would be extracted until the fall of 1909 when the trouble was regarded sarcoma and he was advised to consult a surgeon. The enlargement, bone-like in consistency, seemed to extend along the entire left side of the inferior maxillary to the mental process with a general infiltration of the surrounding structures which were becoming hard and unmovable. The immobility of the tissues, its increasing size, and the active changes apparently starting from the original mass, the natural inference was a sarcoma, and this diagnosis was confirmed by the surgeon consulted, who advised him not to submit to an operation, but referred him to an X-ray surgeon who gave him fifteen treatments in fifteen days of from five to fifteen minutes at each exposure. The result was a severe X-ray burn with absolutely

no benefit, but an injury, as the enlargement steadily increased both in size and hardness. The pain continued and became so excruciating that morphine would not give relief and the surgeon's advised him to go home and prepare for death. He stopped all treatment went home and in a few days an abscess of the inferior maxillary opened spontaneously and gave relief. It was then claimed that in addition to the sarcoma, the abscess was due to an infection introduced by the dentist who had drilled and extracted the teeth in looking for diseased nerves as the cause of the recent trouble.

In this condition he came to the Columbia Hospital and the case was diagnosed as X-ray burn, osteomyelitis of the inferior maxillary, a simple, enlarged, painful, hardened and partially calcified parotid gland, non-malignant in character and a severed facial nerve.

The prognosis: An operation would remove the osteomyelitis and restore the function of the inferior maxillary. The diseased parotid gland could be removed without injury to the nerve or blood vessels, and it was thought that possibly an operation might restore partially the function of the facial nerve, if during the twenty-three years in which the nerve had been severed and the face paralyzed, it had not undergone degeneration.

February 24th it was thought advisable to operate upon the inferior maxillary to clear up the osteomyelitis. The infection was so very active it was deemed inadvisable at this date to do an eysection of the parotid gland. An incision was made along the inferior maxillary to one-third of its extent and with chisel and scoop there was removed an involucrum of considerable size. The cavity was packed and closed with a drain, considerable edema developed on the paralyzed side of the face and remained a few days. The subsequent treatment of this wound was to wash out the cavity with a two per cent solution of deodal and later to inject and close the wound with bismuth paste.

March 20th it was deemed sufficiently safe to perform the second operation. An incision was made at the lower angle of the inferior maxillary and extended upwards and backwards on the mastoid process. The mass invaded all the space occupied by the parotid gland, being enveloped posteriorly and anteriorly with the great vessels of the neck, and extended deeply into the parotid triangle and pressed upon the stylomastoid process and foramen. It was with some difficulty that the mass was loosened in this difficult surgical locality, as it was, by its size, situated in such intimate relation with the facial and hypo-glossal nerves. The sub-maxillary dissection in the parotid triangle was accomplished with its usual intricacy, but all nerves and vessels of importance were saved. The mass removed proved as large as a hen's egg, oval in shape, and partially calcified. When removed the whole anatomical structure stood out in splendid relief. The wound was dressed dry without drainage and healed without infection.

In the third operation an incision was made through the cicatrix left by the surgeon in 1887. The proximal and distal ends of the facial nerve were located by a faradic current. The nerve was imbedded in the cicatrix and the ends were separated by cicatricial tissue and not approximating by about one-fourth of an inch.

The nerve shaft was elevated from its bed by careful dissection and the cicatricial tissue intervening between the proximal and distal ends of the facial nerve cut away, and the nerve ends joined in axis cylinder and held in apposition by double ought catgut ligatures in two mattress sutures in the sheath of the nerve, one being placed on each side of the nerve. The point of union of the nerve was imbedded under the fascia by No. 1 catgut and this reinforced by two sutures of pagenstecher's

linen thread through the deeper tissues to give support and take all tension off of the nerve sutures. The skin was closed subcutaneously with No. 1 catgut and the wound dressed dry without drainage. It healed without infection.

The astonishing results shown in this operation were the almost instantaneous functional motor action of the facial nerve, and its subsequent loss and recovery. After the wound was dressed and the anaesthetic pad removed from the face and eyes, and the patient had begun to recover from the effect of the anaesthetic, it was obserbed by those present that almost perfect motor nerve function of the left side of the face was restored, as the patient could and did close the left eye, corrugate the entire brow and open and close the eyelids at the left angle of the month. This temporary action continued for about twenty-four hours with a normal temperature, after which there was a rise of temperature to 99.2, but no pain. The functional action of the facial nerve was partially lost and with this loss an edema of the eyelids and upper part of the face became manifest. The increased temperature dropped to normal in five or six hours and held normal with no pain. About forty-eight hours after the rise in tempature the edema began to subside in the upper part of the face and to appear in the lower part of the face, especially at the outer angle of the lips of the month. The edema lasted in all five or six days when it subsided. With the edema the paralysis became more and more pronounced until almost all motion shown immediately after the operation was lost. As the edema subsided, functional motor action of the facial nerve was again slowly reestablished and when the patient left the hospital April 12th, almost complete motor action of the repaired facial nerve had returned to the left side of the face and the face had assumed nearly a normal aspect.

Microscopic examination showed the morbid tissues removed to be non-malignant in character.

LECITHIN

By GEORGE L. SERVOSS, M. D., Fairview, Nevada

Lecithin, a highly phosphorized substance, is found normally in many of the tissues, particularly in the nerve substance and white and grey brain matter. It also exists in the egg yolk. It is formed by the union of glycerophosphoric acid, fatty acid and cholin, an ammoniated base. The importance of phosphorus as a remedial agent has been recognized, time out of mind, but until the discovery of lecithin no combination of phosphorus gave the absolute results desired. None of the compounds of the chemical laboratory offered this element in such form as to be active and efficient without some undesirable action. The glycerophosphates were made artificially by the chemist, and while they gave some desirable results, their action was not all that was anticipated. Experiments with the lecithin common to the egg yolk produced a substance which was superior in every way to the artificial lecithin of the laboratory and later experiments with the substance obtained from nerve tissue, showed this product superior to that from the egg.

It has been contended that the glycerophosphates and lecithin are unnecessary adjuncts as remedial agents, such contention being based upon the fact that, in the normal diet, these substances are obtained in sufficient quantities from the blood, and more especially if a portion of the diet consists of

eggs, but this contention has not been borne out as being other than a theory. It is very probable that, in the cooking process, the activity of the lecithin is destroyed to a certain extent. Again, we find that in the preparation of lecithin from the egg yolk, certain chemical manipulation is necessary, and it necessarily follows that, order to obtain the lecithin from the diet, it is necessary that the food undergo certain chemical changes. If everything were normal, it might be possible that such changes might occur, but when there is interference with digestion, as is frequently the case when lecithin is indicated, such process might be wholly obliterated, or attenuated, through faulty digestive action and the lecithin consequently would not be separated and taken up by the economy, and there would follow a lack of the normal lack of the substance necessary to a healthful condition of the tissues. In such cases it becomes necessary to fill this want, and the question arises as to whether the lack shall be supplied by the artificial lecithin of the laboratory, the glycerophosphates, or by a product obtained from organic tissues, and which is normal in every way in comparison with the substance as existing in the body. It would seem that the latter is preferable, as it is a known fact that organic substances are absorbed with less chance of irritation than are the inorganic products of the chemical laboratory, even though the latter may simulate them in every particular, in so far as chemical composition is concerned. The idea in the preparation of remedial agents, and especially those required to repair waste, is to obtain them in a condition similar to that found normally, or as nearly the same as is possible, so that they will be absorbed without any great chemical change within the economy, consequently the lecithin obtained from organic tissues, is more easily absorbable and gives better results than do other phosporus compounds.

While little is known of the direct action of lecithin, it has been shown that it produces marked and beneficial effects under certain conditions. Administered to young and growing animals, it causes a rapid increase in growth. This phenomenon was demonstrated first by Danilewsy in 1895. Phosphorus is necessary and essential to the well being of the tissues in general, and particularly the nerve tissues, in consequence of which lecithin is indicated in the majority of nerve disorders. It is useful in the loss of nerve energy, functional nerve disorders, neurasthenia, some of the organic nervous disorders, as locomotor ataxia and palsy, in functional impotency and in all cases where there is faulty metabolism, and where the lecithin normal to the tissues has been split up and lost, the cholin base remaining. It is recognized that lecithin promotes normal metabolism and stimulates the functions of the blood forming organs, in consequence it is indicated in destructive conditions like tuberculosis and in other diseases where there is great tissue waste, and in chlorosis and anemia. Lecithin has also been found efficient in diabetes and the uric-acid diathesis, because of the fact that it assists in correction of metabolism and increases the nerve action, thereby bringing about an equalization of the vital functions. As it stimulates leucocytosis, it is useful throughout the course and during the convalescence of acute infections diseases, and in such conditions this effect is made more pronounced by a combination of nuclein with lecithin.

Lecithin is a comparatively new product in so far as its being a remedial agent is concerned and all of its possible applications have not been determined, but sufficient has been learned of its actions to show conclusively that it is a very valuable aljunct to medicine and

that its possibilities are large and extensive. The contention that lecithin is continuously manufactured in the economy, and that its use is consequently not indicated is not borne out by any conclusive argument. It might be said that iron is not indicated under certain conditions and that many other recognized remedies are likewise useless, none of which statements would be accepted, as they would be without truth. While it is a recognized fact that lecithin is manufactured in the economy, under normal conditions, it has been found, as has been cited above, that such manufacture may be interfered with, or that the lecithin so made may be destroyed before it has had an opportunity to supply the required want of it. In such instances the lack of the normal lecithin, made within the body is supplied by the introduction of that prepared from organic matters in the laboratory and the balance is adjusted in this way, as is faulty digestion adjusted by the employment of pepsin, pancreatin, papayotin and other artificial digestants, which supply the lack of normal digestive ferments. In supplying phosphorus in organic combination, and in bringing about a normal metabolism, the application of lecithin is scientific in every particular.

In instances of autoinfection, due to absorption of toxins from the bowel, metabolism is interfered with to a greater or less extent, and in such conditions there is almost invariably loss of nerve function and in addition to the theory of cleaning out the bowel, and keeping it clean, attention should be given to the correction of conditions brought about by the action of the toxins, and in such cases the indication for the employment of lecithin is apparent, as the lack of nerve tone not infrequently interferes with the normal function of the organs and particularly with those of digestion, and if the normal nerve action is restored organic functions will be brought to par in much less time than if this feature in the treatment is overlooked or disregarded. Not infrequently in autoinfection secondary to loss of nerve tone, this loss being a predisposing cause, the bowels become deranged and the function of that organ interfered with to a very considerable extent with the result that the organ becomes inactive and an accumulation of fermenting and putrefying substances, which should be excreted, is allowed to occur, and from which the toxins are thrown into the general system. It follows that the correction of the nerve disorder brings about normal functional activity of the bowel and removal of the toxins by the regular channel.

Lecithin should not be accepted as a "cure all", but when properly and judiciously applied it will be found to be a very valuable agent in the correction of numerous morbid conditions. It acts as a synergist to many of the remedies applied to specific symptoms and conditions and its use should not be overlooked where it may be employed with benefit. Lecithin is, as we have said, a comparatively new agent and one whose actions are not all known or understood, but it is one worthy of serious consideration and much study on the part of the practician as it is apparent that it a very valuable adjunct and one which will, as time goes on, be employed in many cases where at present its use is not recognized or understood.

PRACTICAL TREATMENT OF HEPATIC DISORDERS

By JOHN ALBERT BURNETT, M. D., Little Rock, Arkansas

In most all acute diseases and the majority of chronic diseases the liver must receive attention. The indicated remedy will not give as good results and will often fail when the liver is torpid and the bowels constipated or in other words in most conditions the system must be prepared for the indicated remedy by giving drug or combination of drugs that will arouse the liver and clean out the bowels. For an illustration I will state that no experienced physician in malarial districts would expect good results in a case of intermittent fever by giving quinine (which is the indicated remedy and the specific) when the liver was torpid, inactive, and the tongue heavily coated and the bowels constipated. But any experienced physician would expect good results with quinine if he should first give some remedy that will arouse the liver, clean the tongue and clean out the bowels. As the system would then be in shape to absorb the indicated remedy. The idea of Waugh and Abbott in cleaning out the alimentary canal and keeping it clean, has proved to be of great value.

Calomel is used more often as a remedy for the liver than any other remedy. It can be used with good results in many acute diseases but has a very narrow range of action in chronic diseases. As a rule small doses of calomel frequently repeated and followed by some saline give better results than large doses given several hours apart. In fact this alkaloidal idea of giving small doses frequently repeated has proved to be the best method of giving most drugs, especially in acute conditions. Calomel is most always combined with other remedies. I know of no better combination than Abbott's tablet called "calomel podophyllin, and bilein comp." Each tablet contains calomel and podophyllin, each gr. 1-6, bilein gr. 1-8, and strychnine ars. gr. 1-250. I give one tablet every half hour until six or eight have been taken and I wish to state that the results will surprise any physician no matter if he has used calomel and podophyllin for years and thinks he knows all about them. These tablets will thoroughly arouse the liver, clean off the tongue and clean out the bowels. Two or three courses as above directed every day or every second day is all that is needed. When large doses of calomel are needed I prefer the plan of the late Dr. Ben H. Brodnax which is to give three 10 grain doses of calomel, alterating with three 20 grain doses of potassium nitrate. Begin with the calomel and give a dose every two hours. In an hour after the first dose of calomel is given, with the postassium nitrate and give a dose of it every two hours in an ounce of water. This makes a dose of medicine come every hour until all six doses are taken. Dr. Brodnax claimed that this would abort erysipelas and I find it will abort many common acute diseases. It is heroic treatment and good judgment should be used in selecting cases when it is used.

Here is a good compound for the liver and it will cure syphilis, scrofula and various skin diseases. It has a wide range of action in many diseases:

℞

Fld. ext. corydalis can. .....ʒiv
Fld. ext. stillingia syl.
Fld. ext. alums rub.
Fld. ext. podophyllum pel. a. a. .ʒj
Fld. ext. berberis aqui. .....ʒiij
Potassium iodide .....ʒiv
Simple syrup q. s. ad. .....ʒxvj

Sig. Dose one teaspoonful after each meal and at bed time. Decrease or increase the dose so as to keep the bowels acting well.

After many acute diseases when there is a tendency to torpid liver coated

tongue, anorexia etc., the following is of value:

℞

Dilute nitro-hydrochloric acid	8.0
Tinct. nux vomica	4.0
Comp. tinct. cardamom	64.0
Comp. tinct. gentiana	164.0
Whiskey	128.0

M. Sig. Dose one tablespoonful before each meal.

The following is a valuable compound for the liver as well as many conditions. It will cure syphilis, scrofula, various skin diseases coughs etc. It is called berberis aquifolium compound:

℞

Berberis aquifolium	35 parts
Trifolium pratense	25 parts
Burdock seed	20 parts
Cascara sagrada	17 parts
Iris versicolor	16 parts
Xanth xylum berries	12 parts
Sanguinaria canadensis ..	12 parts

Make into a fluid extract.

℞ Fld. ext. berberis aquif. comp. ..
..... ℥i—℥jss
Simple syrup q. s. ad. ..... ℥iv

Sig. Dose one teaspoonful four times a day. Decrease or increase as to keep the bowels acting well.

Dr. Eli G. Jones uses the following when the patient has a coated tongue bad breath, "off their feet" nauseated, and bilicus:

℞

Hydrochloric acid	gtts. x
Sodium chloride	ʒj
Aqua q. s. ad.	℥vj

Sig. Dose one teaspoonful every hour.

The value of hydrochloric acid as a liver remedy is not appreciated as it should be. I find that when the tongue has a heavy coat,—thick white, pasty coat which looks so rotten that it will almost fall off, that hydrochloric acid will clean it off as a rule in less than twelve hours. The eclectics and many others consider an alkali such as sodium sulphite (not sulphate) indicated but the acid is far superior. In many cases when purges of calomel and blue mass do not clean the tongue and there is anorexia and desire for acid some physicians think the patient had not had enough mercury and continue to give it but if they would give hydrochloric acid in place of some mercurial preparation the results would be surprising to them. In many cases where the indicated remedy does not have the desired effect, hydrochloric acid will soon open up the way and make a change very quickly. In malaria, quinine will often not have the desired effect until some hydrochloric acid is given and the acid can be combined or alternated with it. In the Sept. 1905 Physio-Medical Record, Dr. Wm. F. Schaare gave the action of liptandra, enonymus, apocynum andro., podophyllum, and cascara on the liver and then combined all of them and said: "This acts finely, searching every cell in the liver, gall, bladder and bile ducts. You can depend upon it" I knew there was a mistake in the formula and wrote Dr. Schaare and received the following:

"Your letter at hand and I will answer your inquiry that I have never found a better or more useful as well as positive a combination as the one I gave.

℞

Fld. ext. leptandra vir.	
Fld. ext. euonymus per. a. a. ..	ʒiv
Fld. ext. apocynum can.	
Fld. ext. cascara sag. a. a.	ʒij
Fld. ext. podophyllum pel.	ʒj
Glycerin	ʒiv
Syrup ginger q. s. ad.	℥iv

Sig. Dose one drachm t. i. d.

The dose should be a teaspoonful three times a day. I have given you the correct formula and the other was a misprint.

In preparing this take the cascara and podophyllum and glycerin and mix the

three together well, then add the rest of your fluid extracts and shake them up well and then add the syrup. I use but one drachm of the fluid extract of ginger to a four ounce bottle in which the syrup is added to fill the rest. If I use a two ounce bottle I use only one-half drachm of zingiber. That is the proportion that I use in my practice.

Here is a general tonic and liver medicine.

℞ Nitro-hydrochloric acid .....ʒjss
Dilute phosphoric acid .....ʒv
Fld. ext. nux vomica .....ʒj
Essence pepsin q. s. ad. .....℥iv

Sig. Dose one teaspoonful in half a tumbler of water. If desired the dose can be much smaller with good results.

Magnesium sulphate is a good laxative or purgative according to dose and has some influence on the liver. Most people do not like to take epsom salts on account of the taste. The following is from the April 1907 Eclectic Medical Journal and is very important as it will pay to give pleasant remedies. A very fine preparation of epsom salt is easily made by taking two pounds of the salts one ounce of tr. cardamom, 20 grains vanillin, three drachms of saccharin, two ounces of alcohol, two ounces of glycerine, two ounces coffee (roasted and ground) and water to make half a gallon. Stir the coffee in the half gallon of hot water and let it stand for fifteen minutes until the coffee has drawn then add the salts. Add the vanillin and tr. cardamom to the alcohol and shake; then add the glycerine and saccharin and when the coffee mixture is cool enough mix all together and filter. A half ounce of salts is contained in each ounce of the mixture. It keeps well, acts well, tastes well and children will cry for it.

Sodium hyposulphite is a good laxative, purgative and liver remedy. I was told by an experienced physician that it would do anything that calomel or podophyllin would do for the liver. It is a cheap remedy and the dose is much smaller than of epsom salts and it is not as bad to take as epsom salts. It is a good intestinal antiseptic and with this remedy alone we can clean out the alimentary canal and keep it clean and aseptic to a more or less extent as the term intestinal antiseptics apply.

I am of the opinion that sodium hyposulphite can be used in place of magnesium sulphate in the above prescription for making it pleasant but have never tried it. If it can, a country physician could have but one objection to it and that would be the bulk of it.

It is claimed by some that sodium hyposulphite is one of our best antiperiodics in malaria besides being a valuable liver remedy.

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ANEURISM

I have in my mind a case of aneurism which I intended to report for some time, but my experience being only one case and I not having examined that made me hesitate to report it, but as the treatment was so successful I am persuaded to send you a report of it. One day I met a friend, at a funeral of another friend, and while we were talking I noticed his 4 years old child had an enormous enlargement over the subclavian region. I asked him what it was and he told me that two eminent surgeons of St. Louis and one of Springfield, Ill., had diagnosed it as aneurism, and had advised against an operation. I did not pay much attention to the case but told my friend that I had read that gelatin sometimes cured aneurism and told him it would not cost him much to try it. So he fed his child jelly beans for several months and as far as I could tell the last time I saw the child was entirely well. One swallow does not make a summer but if I ever get another case of aneurism I will try gelatin or jelly beans.

H. Schmidt, M. D.

Vandalia, Ill.

TREATMENT OF CONVALESCENCE

By W. F. MOORE, M. D., 3747 South Jefferson St., St. Louis, Mo.

Too often says Laura, we hear physicians say that in children's practice expectancy is the rule and hygiene our only resource; for the maladies of infancy run their cyclic course, and only the forces of nature ameliorate them. To this many add that the affections of early life are mysteries which we can rarely penetrate.

These errors are as pernicious as they are common. Infantile pathology has advanced with the steps of a giant of late years; and in its turn infant therapeutics has emerged from the obscurity, the uncertainty, the equivoques and the hazards, to which the art was condemned if it sought to emancipate itself from therapeutic nihilism, or the empiricism of old women.

Nevertheless hygiene is with infants of the first and greatest importance, an indispensable element of success. It offers auxiliaries of the first order to hasten convalescence and conduct to a complete and durable reestablishing of health. Contrast the imperfect results obtained with the poor, and those where patients are able to secure the needed hygienic conditions,—air, sunlight, clothes, ailment, baths and rest.

Still there must be added a scientifically chosen and applied therapeusis. The therapeutic modifiers, effective in restoring the forces of an organism enfeebled by disease, when the organic functions and the power of assimilation are impaired, are useful for children of the rich during convalescence, but indispensable for the poor, for whom they constitute the only resource within reach. Among these the first place may be accorded the restoratives; general, as arsenic, iron and quinine; or local, with a determined elective action like quassin; or strychnine, that links the two classes together, powerfully stimulating the central nervous system, and favorably influencing the gastric and enteric functions.

With the little patients of the poorer classes convalescence often progresses slowly. The child is pale, meager, dyspeptic, enervated, apathetic, sleepless or somnolent, the mucosa colorless; the skin inelastic and waxy; the muscles soft, showing idleness, negligence, relaxation, aversion to exertion, because the least movement causes an expenditure of force beyond the child's powers. The back of the tongue is coated thickly, the appetite is gone, stomachal and hepato-intestinal digestion incomplete; hence a habitual diarrhea, lienteric, alternating with constipation; the heart palpitates; the pulse is precipitate, shallow and small, and there is fever late in the day. The organism has fallen in ruin.

The first indication is to incite and regulate the action of the stomach and bowels, then strengthen the whole organism, arouse the languishing forces and restore a good sanguine crasis.

"I am writing for the younger men, the novices, and not for the masters of our art. I write for the mothers, who play so important a part in the rearing of infants, and in whose hands are the earlier stages of many maladies. Not only is she the guardian angel of the child, but the best aid and guide of the physician, who owes to her keen discernment the clue to many an otherwise puzzling case. No ally is so essential as the mother who knows to observe, who has confidence in her physician, who knows how to obey and to execute his orders."

To regulate and sustain the digestive functions Laura gives preference to quassin. In dyspeptic maladies and convalescence of infants it induces good and speedy improvement—arouses appetite, banishes disgust with food, regulates the secretions, and strengthens stomach and bowels in a marvelous man-

ner. It is an excellent modifier. So great, so numerous and so constant, are the advantages obtained from the use of quassin here, that he has ranked it as the best of all remedies for this condition. In young infants the sense of taste is little developed, and they do not object to the bitterness of quassin, but take the granules readily in a spoonful of sugared water, bouillon, milk or wine. Whenever the hepatic function is disordered, at any age, caffeine alone or with quassin, gives relief and renders digestion normal and facile. In the very rare cases where quassin can not be taken, as with older children, it may be hidden in a little wine; or replaced by sodium salicylate, which aids digestion by provoking the secretion of gastric jiuce. A little alkali also does this; too large doses exert a contrary influence.

To strengthen the general nervous force Laura advises, with the best hygiene attainable, brucine and strychnine in very small doses. But these powerful remedies should be reserved for extreme needs. In ordinary cases hygiene, the well-arranged diet, suffices, with remedies to regulate digestion and restore the blood crasis. To arouse vitality quinine, alone or with benzoic or phosphoric acid, given in solution to very young infants, should be chosen. Strychnine given properly is well-tolerated by the very young, without the shadow of danger, in paralysis, recent infantile paralysis, rectal prolapse and rebellious intestinal fluxes due to paresis of the muscular coat of the intestine.

To re-establish the blood we have recourse to the chalybeates. These may here be considered foods, as they are distined to be assimilated by the organism. They are indirect vital agents, sustaining and regulating the nutrition of the whole living machine. A blood poor in hematin lends itself but badly to the exchanges of organic nutrition, resulting in imperfect repair and badly equilibrated functionation.

The great and rapid advantages of these measures are shown in restoration of the appetite, return of the general forces, and of muscular vigor, the rosy tint that replaces sickly pallor, the animation of the patient, good humor, gaiety and regaining embonpoint. The increase of weight, with firmness of flesh and color of the cheeks, forms a sure guide to the progress of convalescence and the return of health.

It is life that is reborn.

Laura prefers the lactate, phosphate, valerianate and especially the arsenate of iron.

Much of what is here said applies to convalescence at any age. Too often convalescence is tedious and imperfect because the patient is abandoned to the weakened and incompetent powers of his body, when well-directed therapeutic aid would have accomplished the object much better and in shorter time.

Sometimes in our interest in new and recondite topics we overlook the common things that are after all of the most immediate concern. We may with advantage come down to earth occasionally, and after discussing the rarer manifestations of disease, and the more recondite problems that interest the savant because they are so entirely divorced from all trace of utilitarian considerations, we may pay some attention to the question of how to pay current, or get our dinner.

These thoughts came to me with force recently while I was examining some clinical records of Professor Laura, the great pediatrist of Turin. Discussing the management of convalescence in children he spoke of the vast benefits of fresh air, graduated exercise, attention to the minutiae of the reconstructive regime, and then suddenly asked—what about the children of the poor, to whom these resources are impossible? Are we to content ourselves with suggesting what the ideal conditions ought to be, and when these are shown to be out of reach, go away and do nothing?

There is an impression abroad that the regularly accredited physician is a thought too lofty an individual to bother himself about the common people, and possibly as we improve ourselves and elevate the standards of the profession this impression deepens. Possibly it may be detected beneath the readiness of the people to turn to pretenders who, arising from their own ranks, may have a closer connection and a readier sympathy with them; or at least a keener appreciation of their circumstances than the highly finished product of the colleges, whose only experience in ways and means lies in writing to papa for a check.

Not long age I heard a man say that after he had expended nearly one hundred dollars for the so-called physiologic medication he had secured more benefit from a few cents worth of salts. With many of the poor it requires some effort to get the means of buying the salts alone.

DERIVATIONS AND CHARACTERISTICS OF ACTIVE PRINCIPLES

By GEORGE L. SERVOSS, M. D., Fairview, Nevada

(Continued from Page 271 August Recorder)

SPASMOTIN

Merck mentions this as a poisonous principle from Ergot, obtained as a yellow, amorphous powder, soluble in alcohol, ether and benzin. Actions and uses same as Ergot. The dose according to this authority is 1-2 to 1-12 grains.

STRYCHNINE

An alkaloid from the seeds of Nux Vomica, obtained as very bitter, small hard crystals, or white crystalline powder, soluble, one part in 7 of chloroform; 110 of alcohol, 6700 of water at 15° C., 12 of boiling alcohol, 2500 of boiling water, (6400 of water, 110 of alcohol, 5500 of ether, 6 of chloroform, 150 of benzin and 180 of amyl alcohol at 25° C., 3000 of water at 80° C., 28 of alcohol at 60° C., U. S. P.) The formula is C_{21} H_{22} N_2 O_2. The actions and uses are so well known as not to need discussion. Merck gives the dose of the alkaloid as 1-60 to 1-15 grain. The salts of the alkaloid are the Acetate, Arsenate, Arsenite, Bisulphate, Cacodylate, Camphorate, Citrate, Glycerophosphate, Hydrobromide, Hydrochloride, Hypophosphite, Iodate, Lactate, Nitrate, Phenolsulphonate, Phosphate, Saccharinate, Salicylate and Sulphate.

THEOPHYLLINE

Merck mentions this as an alkaloid from tea. Obtained as a white, crystalline powder, soluble, one part in 180 of water at ordinary temperatures, 85 of water at 37° C., melting at 268° C., formula C_7 H_8 N_4 O_2. H_2 O. Merck gives the action as diuretic and use in caridac affections and nephritic dropsy. Dose 3 to 8 grains. The salts of the alkaloid are Theophylline Sodium, Theophylline and Sodium Acetate, and Theophylline and Sodium Salicylate. There is a synthetic Theophylline called Theocin. Theophorin is also a double salt of Theophylline and Sodium Formate.

THEOBROMINE

According to Merck this is an alkaloid from the seeds of the Theobromo Cacao, obtained as a bitter, microcrystalline, white powder, soluble in ether, slightly in water or alcohol, more readily in moiling chloroform, formula C_7 H_8 N_4 O_2. It acts as a diuretic, without affecting the heart action and as a nerve stimulant and is employed as a diuretic in dropsy. Merck gives the dose as 5

grains 4 times a day, gradually increased by 15 grains per day for 4 days, then reduced to 8 grains, 4 to 6 times per day. The double salts are preferable to the alkaloid. The salts are the Acetosalicylate, Hydrochloride, Salicylate, Theobromine-sodium Citrate, Theobromine-sodium Iodide, Thebromine sodium and Sodium Acetate, Theobromine-sodium and Sodium Salicylate, Theobromine and Lithium Benzoate, Theobromine and Lithium Salicylate, Theobromine and Sodium Acetate, Theobromine and Sodium Benzoate, Theobromine and Sodium Iodaslicylate, Sodium Salicylate and Theobromine and Sodium Sulphate.

VERATRINE

A mixture of alkaloids from Cevadilla obtained as yellowish-white powder, exceedingly irritating to mucous membranes. Soluble, one part in 2 of chloroform, 3 of alcohol, 6 of ether and slightly in water, at 15° C., (in 1750 of water, 2.2 of alcohol, 3 of ether and 1 of chloroform at 25° C., in 1300 of water at 80° C., very soluble in benzole and amyl alcohol; insoluble in petrolium benzin U. S. P.) Acts as an irritant and counter-irritant, analyesic, febrifuge, and sedative. Used most frequently in febrile conditions. Dose 1-134 grain, at frequent intervals to effect, in fever.

VIBURNIN

A concentration from the Viburnum Prunifolium, obtained as a resin. Acts as a nervine, antispasmodic, tonic, astringent, diuretic and alterative. Has a selective action upon the uterus. The specific indications are, uterine irritability and hyperesthesia; threatened abortion; uterine colic, dysmenorrhea with deficient menses, severe lumbar and bearing down pains, cramp-like expulsive menstrual pains; intermittent painful contractions of the pelvic tissues; after-pains and false pains of pregnancy; obstinate hiccough. Dose 1-2 to 1 grain.

VERBENIN

An extract from Verbena Hastata. No description of physical appearance is given. Acts as a tonic, emetic, expectorant and sudorific. Used as a tonic in debility, anorexia and convalescence from febrile affections. Recommended in epilepsy. This principle has not been investigated to a full extent. Dose is given as 10 grains per day, divided.

XANTHOXYLIN

A concentration from Xanthoxylum Fraxineum or Americanum, obtained as a brown opwder, soluble in alcohol. Acts as an eliminant and stimulant. The specific indications are, small doses for hypersecretion from debility and mucous relaxation; large doses for nerve atony, capillary engorgement in exanthemata sluggish circulation, tympanities, gastrointestinal torpor with deficient secretion; dry mucosa of mouth and fauces with glazed, glossy surfaces, flatulent colic, Asiatic cholera, uterine cramps, and neuralgia; for painful bowel troubles. The dose is 1-6 grain every one or two hours to effect.

YOHIMBINE

An alkaloid of Yohimbehe, obtained as white crystals, soluble in hot water, formula C_{23} H_{49} N_2 O_4. Said to have aphrodisiac action and recommended in impotence. Dose 1-12 to 1-10 grain. At present too expensive to general use.

In compiling this article the writer has obtained data as to the physical appearance of the principles and their components parts very largely from Merck's Index, while information as to actions and uses has been conned from the Waugh-Abbott Text Book of Alkaloidal Therapeutics and Shaller's Therapeutic Guide, as well as from Merck's Index. Very little attention has been aid to any discussion of the physical appearances of the active principles by any of the text books, or of their chemical composition, solubility, etc., and this takes up these points in detail.

THIRTEEN UNCANNY TALES

VIII—THE SHADOW ON THE WALL

By GRACE M. NORRIS, M. D.

(Continued from page 280 July Recorder)

Twenty minutes later they passed down the steps, she as calmly as when she had arrived, with her hand resting so lightly on his arm; and he in the moment of defeat and weakness of the flesh called on a servant of the Lord, and became a benedict.

The honeymoon was spent in an alien country and as she recalled, like a hideous nightmare. For the gay capitols of the foreign cities afford greater opportunities to worship more devotedly at the shrine of his favorite goddess, for the scenes were more alluring and the maidens likewise.

Weisel had married in haste and like many another was repenting at his leisure, for before this unpremeditated step he had been as free as the "wind that bloweth where it listeth," but now "the old order changeth," and he realized that no matter how charming the woman, a tie was irksome. So bitterness and discontentment grew constantly between the two who had so recently plighted their vows at old Trinity in New York town.

After two years they had come to Lone Beach for a few months. They had visited fashionable resorts, joined auto parties to all parts and directions; still happiness was far off, radiant in others, but to them like the sun beams in the chestnut hills.

The bird and the bottle

In the spring, Mrs. Weisel had proclaimed her intention of attending a patriotic meeting given under the auspices of a woman's club, and the day had a double significance to her. She intended to return at midnight; Mr. Weisel informed her that he was obliged to be present at a business meeting and would be unable to escort her back. But circumstances willed it that, she returned at nine, and in the hall heard hilarity at its height, so she walked in the direction and threw wide open the door. There perched on her dresser was a collection of objects, her husband had always referred to as "a bird and a bottle." A scene ensued and the Magdalene took an unceremonious leave. An armistice was partially effected by "Sport" presenting Lisa with the deed to the summer home he had erected at an enormous expense.

The summer waned. The small pollywogs which had swam in the bay during the spring and then croaked as bull frogs on the banks of Lone Beach, had hidden themselves in the rocks and crevices and now were silent. The swallows that had twittered about their roof and dwelt in mud homes and reared their young, had winged their flight in search of another Summer. The caterpillar which had spun its winding sheet and dangled in it from the old willow, by the well and turned

out a brown moth who had fluttered in at the open window and singed his wings at the candle flame, was at rest on a mullein stalk outside the door.

So Autumn came and robed the trees in gorgeous bloom; the red tints of the leaves brightened into beauty as the flowers died, relieving the other more gloomy aspect of decay. Then the crimson and the gold faded and the withered leaves fell rustling to the ground or lay in heaps in the streets; a few faded flowers still lingered on the brown fringe of the grass; then the snow sifted down and covered the flowers and fallen leaves with one unbroken sheet of white.

And there day by day at the window of the villa, from which the withered vines had fallen away—a frail form could be seen and a cheek as devoid of coloring as the linen on which she worked with her transparent fingers.

The months had dragged wearily along and the little capital of Dr. Mordaunt had dwindled alarmingly. Both realized that they had been "stung" in settling at this barren village by the sea, and at this rate the physician could never own a "puff wagon," and dash up to the doors of his prospective patients in "high falutin" style. At last only a mere pittance remained and the doctor told her that he would be obliged to apply for a vacant clerkship in the grocery down the street until they could scrape together sufficient funds to make their exit and picking up his hat left the home abruptly.

He had scarcely left the house when the telephone rang and Dr. Mordaunt's services were wanted at once at the villa—Mrs. Weisel was feeling poorly. Mrs. Mordaunt hurried on her rain coat, and set off after her husband. The wild night wind tried to impede her progress entwined her clothes closely about her limbs, but she courageously hastened on and overtook her husband. He realized that the longed for opportunity had come at last and set off at full speed towards the villa.

Dr. Mordaunt was admitted, seated and his card taken. Where he sat he could see into a chamber, the door being ajar and hear the conversation, and at once came to the conclusion as to whom the occupant was. The lady was seated in a rocker and engaged in reading some pages of closely written matter, and a legal appearing document lay in her lap. On the back of her chair crouched a large black cat, which gazed at the writing also, as if it comprehended the contents of the manuscript. At length, she replaced the contents in the envelope and sealed it. Reaching over, touched a bell, which quickly brought a servant, a quiet looking young girl.

Studying over the strange case

The servant was evidently startled at some change she observed in the face of her mistress, and stopped a half uttered exclamation. Mrs. Weisel had evidently checked her with a forbidding gesture and in a stern, bitter tone gave directions to the maid. The large envelope was placed in an upper drawer of a desk in the corner, and he heard Mrs. Weisel tell her to retain the key and in cause of her death

to give the key to her relations as soon as they arrived and call their attention to the sealed package and under no circumstances to mention the matter to the other servants, and she handed the girl a purse and requested the physician to be shown to her room.

The room into which he was ushered was of moderate size and had not originally been intended for a bed-chamber but Mrs. Weisel for the past four months had occupied it. The walls were covered with imported paper of velvety surface, the design representing a magnificent bunch of bright red roses, shading to crimson scarlet. The flowers were of perfect form, large full blooms, exquisite buds with large leafy stems in rich tints of green. Yet the flora harmonized perfectly with the ceiling and the cherry finish. Bric-a-brac was scattered about in profusion, soft landscapes of the Rhine, intermingled with pictures of American scenery leaned down from their frames and each closely shuttered window was draped in lace of delicate texture. An unopened piano stood across a corner but the severely arranged music in the carved rack did not speak loudly of its frequent use. The chamber was dimly lighted by a small lamp with a dark shade, lending to the sable clad form and the bloodless countenance a supernatural appearance.

Dr. Mordaunt listened to the story of the affection which like some blighting mildew had withered the fair form of this once beautiful woman. While without the wind sobbed and wailed round the house like lost spirits mourning their doom, the sleet beat upon the casements and the trees writhed in the torture of the fierce blast and groaned and swayed until their tops almost swept the earth, bright flashes of lightning pierced even the closed shutters and the thunder had a sullen, threatening roar.

The manuscript and legal document were delivered

The doctor gave her some remedies from his pocket case and told her that he would call again the next morning at eight, and passed out into the night, where the sleet ladened wind was howling like a demon.

The breach between Weisel and his wife was one which she would not allow to be repaired. If her nature had not been so sensitive and contained a few coarse fibres interwoven, the distance might have been materially lessened, but her pride had been cut to the quick and pride was paramount with her; and what little friendship she had felt towards Jim Weisel, since the night he had brought that deluded young thing to the home in her absence, had died forever from her heart.

And, she showed it in her languidly cold and indifferent treatment of him, except when in the company of others when her pride again constrained her to duplicity. Despite his every effort to be kind and considerate to her, now that her beauty had faded, he could not help showing his apparent displeasure at this phase of his married life. This evening after he had replenished the inner man and fortified himself with a glass of strong cordial and a couple of good cigars, he strolled to his wife's room. "Is there anything I can do for you?" he asked.

Mrs. Weisel turned her face with its waxy whiteness towards him. "Do for me?" she echoed enquiringly, with the curl of her thin bloodless lips.

"I thought perhaps you might be tired and would like a glass of somethng or some refreshments," he explained in his thick gutteral tones, disregarding her coolness.

"If I do, I will ring for my maid."

Weisel, looked at her, then helped himself to a cigar from his case. "I am sorry you repel me so persistently and bitterly," he said, with a sadness which might have been genuine.

"Please don't rehearse that at this late hour, you have done it so often."

"I see you are tired, Lisa, and are unusually pale. If this doctor does not understand your case, let me call a specialist, I feel alarmed about your health."

"Do you indeed, feel alarmed? How kind of you, for God knows I have suffered wrongs enough from you, and you could not make reparation to me, even if you were to live a thousand years, for I know your vile nature so well and in these two years you have plunged me into a perfect hell. Now, as to specialists, I think I have had sufficient from these learned men of medicine, for if my memory does not fail me, the first you called said it was only a case of "nerves," and thoughtfully took his big fee and the second acted the same as his predecessor with the exception that he called it hypo's and asked fifty more. Now, I shall try a lower vessel. You with your ill gotten wealth are simply a vulture with eagle plumes, but you are not as sly and secretive as you flatter yourself, for even at this late hour your money cannot stop the wheels of Justice. Thank you so much for inquiring about my health, it is so considerate of you!"

The face of Weisel, the ward boss had grown dark and his little pig eyes gleamed, but without a word he left the room. "The infernal, obstinate little devil!" he muttered, and then uttered a short scornful laugh as he ascended the stairs to his den. "Women are all alike, as the poet says, 'saints in their parlors, what dye call it in their kitchens?' Like a cat's back, smooth enough one way, stroke it the other and the teeth and claws appear." He seated himself and took the consolation of his seltzer siphon, decanters and glasses and soliloquized. "As to my ill gotten wealth, her old dad was mighty glad to get a few hands of yellow backs. Women are unaccountable and unreasonable and a man should never mention reason and a woman in the same breath." Then he lit a fresh cigar and continued, "I know what the poet says of the sex, 'O woman, in hour of trial, uncertain,' and he should have added and deuced hard to please."

Again Weisel laughed an evil, ugly laugh, as he sat for a while in a brown study. Then he picked up a daily and his eyes fell on the following ad: "Divorces procured without publicity." "Well," he observed, "by the way she looks tonight I guess I won't have to poney up for papers." Then he laughed a low, satirical laugh.

Mrs. Weisel rose to close the door. Despite her illness, despite that she swayed as she walked with one hand constantly pressed to the wall for support, she seemed oblivious to her physical condition. Her thin lips now had grown faded and gray, at times twitched convulsively, with her wasted features fixed and cold and white. Yet out of the whiteness, her eyes burned and glowed with an intensity alone which betrayed the awful uprising of mind and soul, as she turned to make her way back to her divan and then she staggered and fell.

Dr. Mordaunt sat in his office long after the midnight hour studying over the strange case. It was so perplexing, so different from the ones the college professors had cited, so different from the usual routine in the text books. The peculiar symptoms which resembled so many different diseases, trying to differentiate but in the morning he would diagnose it and on his success with this patient he felt he would be started on

the road to fortune, but in spite of all, he could not help but see that the woman stood almost on the very threshold of that mysterious realm called death, perhaps she would succumb before his next call. For in the wee hours when life is at its lowest ebb, might she not drift into the Great Beyond at the turn of the tide. But what a fearful night for the soul to leave its earthly home and go out into the vast unknown. Oh, how often had his hopes and ambitions been crushed and crumbled like the Dead Sea fruit.

The night passed; the pale, growing dawn crept slowly over the reaches of the Sea, and the great golden disk rose and a few of its rays which gladdened the morn crept through the closed shutters and touched the figure of a woman lying so quietly on the white bear rug, with her face partly concealed by her arm. The dark hair shone out vividly; there was none of the usual horror of death, so rivulets of blood, no contortions. The burden of her life had fallen. She had gone where the many mansions are.

When Dr. Mordaunt entered the villa at eight, crepe was floating from the door, each breath of wind lifting up and rustling its black folds. As he entered the houst, the coroner brushed past him with a "Good Morning. Yes, a sad case, heart failure!"

He walked through the hall to the mortuary chamber. Nothing was more chilling to the heart than this chamber of the recent dead. It was like the cold portal of eternity! The sepulchral silence, the dim light, the fearful order and repose of all around, a sick room, suddenly changed into a charnel-house! The central object reposed upon the bed, the mournful effigy of her that was, looking coldly out from the white unruffled sheet, the lips that would speak no more, the lips that were shut forever!

The mournful effigy of her that was

The top drawer of the antique desk stood open. The envelope with its enclosed manuscript and legal document had evidently reached the person to whom it had been addressed. He was about to leave the house, when he was startled by a hurried step back of him and heard someone call his name softly. He turned and the speaker introduced herself as Miss Allyne, sister of the deceased. Mingled tears and horror were in her eyes, still red from weeping, she was trembling visibly from head to foot; in a low, trembling voice she asked him to come to her room as she wished to confer with him a few moments on important business.

On the way back they were about to pass the chamber of death, when she motioned him to enter and together they approached the bier. The window stood open, but the blinds were closed, and the room was in semi-darkness. The body of Mrs. Weisel now reposed on the bier brought by the undertaker. The atmosphere of the room struck him with a chill, as they approached the bier. The woman gently raised a corner of the white covering, from the pallid face of the dead, then in a hushed voice she said, "I came unexpectedly and it was a terrible shock to find her thus. She does not look natural and must have suffered excruciatingly before her death."

Dr. Mordaunt was vaguely conscious of some significance back of the remark. But before he could reply, she replaced the fold and they left the chamber. Without a word, the physician followed the agitated woman to her room. Her manner, coupled

with her evidently apprehensive reference to Weisel, indicated some extraordinary discovery and at once recalled to him the strange behavior of her husband, who had not showed himself to them.

Miss Allyne closed the door and motioned him to a chair. She thought of her who was no more and at length controlling herself said, anxiously, "Please tell me if you have arrived at any positive conclusion as to the true cause of my sister's death?"

"To tell the truth, I have not, though the coroner says it is heart failure, and I also attribute the sudden character of her demise to this condition."

"Have you observed no symptoms of anything else?"

"Why do you ask me such questions and with such a manner?" demandmanded the physician, instinctively apprehending a disclosure of some possible blunder on his part. "Be frank with me, please, and come at once to the point."

The woman produced the communication, which less than an hour before had found its way into her hands; handed him the document, and dropped into a chair.

The doctor read the message from the dead. It was a clear and concise antemortum statement from the time Weisel had commenced his calls, her father's pressure, the diabolic scheme he had sought to play upon her after the theater, the vision of the skeleton in the looking glass. Then it pictured her married life, her trip abroad, the girl from the red light district in her room, their settlement at Lone Beach, her steadily failing health that had developed since she came to the villa, had led her to fear that he was secretly trying to accomplish her removal. It further requested that, in the event of her death from other than assuredly natural causes, an autopsy should be made that, if a crime were discovered to have been committed, punishment should be rendered the guilty.

(To be continued).

A STUDY

Drawn by Grace M. Norris, M. D.

ELECTRO-THERAPEUTICS

By WILLIAM R. D. BLACKWOOD, M. D., Philadelphia, Pa.

(Continued from Page 264 July Recorder)

One of the most intractable troubles which we have to treat is asthma—either the ordinary form, or that connected with hay-fever. I was, for ten years a sufferer from this awful disease, so I am pretty sure of what I say about it. People often asked me if I used electricity for it, and I told them that I did not, but after suffering considerable I did try it toward the end of the season for autumnal catarrh, and although at first it seemed of little account, next year I began as soon as the trouble got hold of me and gave it a faithful trial. There was no doubt that it was a good thing, so I went at it fervently. The manner of applying it is to put one pole on the pneumogastric above the clavicle, with the other on the solar plexus, or over the entire chest if you have an assistant to do it for you. Galvanism is the current to use, and give not less than ten milliamperes. Use the meter when working to know "where you are at". A milliampere is the one-thousandth of an ampere, and an ampere is the unit of current strength. A volt is the unit of pressure, (showing the amperes along the conductors,) and an ohm is the unit of resistance, (opposition to the flow along the wires, or similar to friction in a pipe or a rail or track with a vehicle.) When using high amperes always intercalate a meter, for you can, and may do harm if guessing with a strong battery or street-current. I may be wrong, but in three years after beginning electricity in my asthma, it left me for good, and I blame the current for it. I have had very good results in ordinary asthma in others, in about fifty or so, during the last ten years, so I feel like urging its trial in stubborn cases.

Now for the other end: Electricity is a valuable aid in managing that stubborn disorder, gleet. It is hard to get injections to reach the point of trouble and internal remedies never helped my patients that I could see. I use a copper electrode pushed well down into the prostatic urethra, or even into the bladder just inside, and I dip the instrument into a weak solution of copper acetate. The current sets the copper free where the electrode touches the membrane, and thus acts as an astringent. This is a little painful, but the trouble stops in a few minutes. Don't use cocaine in the urethra, it is dangerous in my opinion. You may add a little acetanilid with or without some monobromide of camphor which cannot hurt anyhow. Use the negative pole after getting the instrument in position for a minute, not longer, and with only two milliamperes. If, when withdrawing the electrode, it seems to stick, don't pull but reverse the current so as to make the electrode the positive for a few seconds, and this loosens the copper wires, then take it gently out. Lubricate the instrument with glycerine—not oil, which latter is a non-conductor. Use the current daily for a week, and then stop a few days to see what the result is; generally the thing is cured. When electrically stopped I never knew it to return which is not the case when done by injections of any kind.

Electricity is valuable in many skin diseases, such as erythema and acne. I have cured several nasty cases of scabies in children by galvanism strongly applied. It probably acted as an insecticide.

The swelling and pain of tonsillitis is greatly driven away by an application of galvanism directly to the parts af-

(Continued on page 313)

NAN

By Gordon G. Burdick, M. D., Chicago, Illinois

(Continued from Page 283 July Recorder)

Having completed my investigations around St. Louis, I pushed on to New York, and presented a letter given me by the late Dr. Oscar De Wolf, our health commissioner at the time, to his New York colleague, Dr. Edison who received me graciously and offered me any service I might need.

I asked the good doctor for a Health Dept. Badge, and a temporary commission, as I desired to investigate social conditions. The doctor seemed reluctant to do this, explaining meantime that he was afraid a Health Badge might not always be respected among their polyglot population. He consented, however, when I told him I was not looking for protection from the people, but desired to escape annoyance from the police, as I regarded them as the greater danger, to which proposition he assented with a smile, and introduced me to one of his chief inspectors, with the statement that I was referred by his great and good friend De Wolf, and to see that I had a good opportunity to see the great human mill at Ellis Island, where the raw product is introduced into our great melting pot. So I spent several interesting days investigating conditions.

There is probably no other place on earth where a person can succeed so well in studying humanity, their traits, virtues and faults as in this great maelstrom of human cattle that passes each week through this place. The men are usually great useless hulks, helpless in their new surroundings, embodying tremendous energy, but without direction. The women are usually busy with their numerous family, and seem the more intelligent for this reason. The eternal chatter of these people contrasts them with their moody lords and masters, who find diversion in the masculine habit of smoking.

By the courtesy of Chief Inspector Flatterly, I was enabled to board an Atlantic Liner, and see the whole system of examination and the regulations as they are carried out, and it is a comforting thought that our port of entry is so well watched, as the potential possibilities for an epidemic breaking out from the indescribable filth of some of these people as they are landed is almost beyond question.

There were many who looked as if they had never had a bath, and as the Chief Inspector put it, they looked as if a bath might be fatal. How any human being can thrive in intimate contact with so much filth is beyond belief, yet it was an undeniable fact that the great majority were in fine physical health, and with some education, polishing and grinding down the edges, they would not only be good citizens of their adopted country, but reflect honor upon the country from which they came.

I left the fascinating field of study for the next step in their amalgamation as citizens, and was turned over to a sunny haired Irish inspector who had the tenement home district.

"Say Doc;" he said, "can you scrap?"

"I guess so! Why?"

"Well, things happen suddenly on my beat, and we don't always get timely

warning about it. If you are afraid of getting mussed, better not go''

''Don't worry about me, son. Your Uncle will take care of you,'' I answered, patting him on the head.

''All right, I am ready,'' he said. ''I've got an assignment down in the Dago settlement this morning, and these devils are always full of trouble. Some of their great men have a copper riveted pull and think they can do just as they please. I will have enough to do to watch myself, so I thought it was only fair enough to let you know.''

''Thanks for your consideration, but it seems to me that I would rather enjoy a good scrap this morning than eat''.

''Well, if we get into one, look out for knives. Every one of these people are well supplied, even the women, and they don't bluff, but will use them on the slightest provocations.''

We apparently found only the women at home and our entrance caused as much scurrying as it would in the chicken yard. No one opposed our inspection, but we met black looks and silent tongues. We had nearly completed our work when a racket of children and dogs called our attention to the fact that a greasy looking Italian was coming up the stairs, followed by the loud noises.

Jim, the inspector, gave one look at him, and said, ''I am afraid we are in for it. This is the padrone who rents the building and our department has been making him lots of trouble lately. Let me talk to him''.

''Maybe I can quiet him down,'' I said.

''No, don't,'' yelled Jim, ''it's a fight. See he has his hand behind him and has a knife or a revolver in it. I will use the black jack on him.''

''Just keep back and watch,'' I said, advancing boldly on him.

His wicked eyes gleamed as he assumed a crouching attitude, while the stilleto was poised for an attack. Suddenly he stiffened up with a ghastly look in his eyes, while the knife dropped from his nerveless hand, just as my left fist caught him on the jaw. He went down stairs head over heels, taking a few dogs and boys with him.

''Say,'' said Jim, ''was he kicked by a mule,'' as he felt of my biceps in a fearful way?

''Oh no,'' I remarked carelessley. ''Just science. You see I rattled him by squirting his mouth and eyes full of ammonia water, and just put the finishing touch on the job with my fist. The next time he sees one of these badges, you can play checkers on his coat tails.''

Jim was very much interested in the ammonia gun and we spent the afternoon in the machine shop of a friend, while I made one for him.

That he used it with effect, was attended by the numerous letters that I received from him in after years. He made me the local hero for several days around the department by telling the boys how I had nearly knocked the head off of Big Mike, the padrone. He was mighty careful, however, not to tell them the whole story, preferring to keep the secret for his own use. As the time for my vacation had nearly elapsed, I was reluctantly compelled to turn my journey homeward, well satisfied that I had had the time of my life, and as I got out of the train at Chicago, I was tired, but at peace with the world.

I had just turned the corner of the depot when I heard a familiar voice calling, ''Hey, Doc.'' This came from a cabman friend, and he scrambled off his cab and ran to meet me. ''Say Doc. I'm glad you have come. Aunt Mary's dying.''

''The diael you say,'' I answered, too surprised and tortured to realize the blow.

''Yep, it's true. I saw Doc. Churchill at six o'clock, and he said there was no hope. Jump into the cab and I will drive you up.''

I took his advice and was whirled through the streets at a breakneck speed. It seemed to me that he turned all corners on one wheel, and I was mighty glad when we got to the house.

I dismissed my cab and running up to the door, I almost fell over myself, as the door opened suddenly, and I found myself grabbed by Nan. She was tickled to death to see me and I inadvertently hurt her feelings by brushing her aside and going to Aunt Mary's room. One glance was sufficient to show me that the old lady was a pretty sick woman and was suffering from pneumonia.

I gave instructions to the nurse to catheterize and save some urine, and rushed out to get my pious friend, Dr. Churchill who had looked after her while I was away. In answer to my hammering on the door, a night capped head was stuck out of the second story window, and I was told that the doctor was out. She didn't know where he was or when he would be back, which means of course that he is in bed, and has left order not to be disturbed.

"You tell him what I want, and who I am, or I will have to kick the door down and pull him out of bed," I answered.

This was effective as he stuck his head out and gave me a tongue lashing before he knew who I was, but got busy enough when he realized who it was. He told me that Aunt Mary was in the Lord's hands, that he had done all he could and only the Great Physician could heal her now.

"Are you sure he is on the job," I asked.

"Of course he is," said my friend.

"It seems to me that you are under the impression that you are practicing medicine in a subordinate capacity under this great physician, are you not?"

"Yes, that is the way I take it."

"Well, are you sure that he is not depending on you, and may be busy elsewhere?"

"God is everywhere" he told me, with reverence.

"Well, we won't argue the matter. Get your clothes on and come over to the house as soon as possible, and let us see what we can do."

I rushed off, secured my sample of urine, and going to my laboratory I was soon in the possession of some facts that would have a far reaching effect upon a case of this kind.

It was evident that the old lady had presided at a large gorging feast, and had filled up upon the rich protein food usually served at these affairs, and defective elimination had caused a mass of putrefaction that caused the necessary congestion of the mucous membranes, to allow the Friendlander's bacillus a chance to develop, while the acid toxins from the protein molecules had accumulated in her blood to an enormous degree.

I hurried back and found the doctor waiting for me, and after telling of my discovery we went to work with a high rectal tube, flushing the bowels and giving transfusions of sodium bicarbonate within the veins and giving considerable by the stomach, and after washing it out carefully, it was filled through the tube, and left for absorption.

For a time it did not seem that we were likely to succeed, and we watched our patient anxiously, until gradually the alkali began to work on the kidneys and glands, as the skin became moist while the rapid breathing gradually lessened. At about four o'clock it was evident that a favorable change had taken place. A foul smelling bowel movement brought away the source of the trouble, and by 8 A. M. she was conscious with the lungs clearing rapidly and by noon we concluded that she was out of danger, and left her with the nurse to keep up the bowel flushing and administer the alkalies, while we went home to try and get some

rest, a dream on my part, as my cabman friend had spread the news around, and I was swamped with work.

Aunt Mary improved slowly for a few weeks, but a hacking cough caused me some worry, as she refused absolutely to give me a specimen to examine, always turning it off as of no consequence.

I found I had two worries on my mind at this time. Aunt Mary had become distant and cold, while Nan was taking altogether too much interest in me and my welfare.

I noticed with a feeling somewhat akin to pain that her dresses were now low, with her beautiful hair done up elaborately, while a great deal of attention was given to details in dressing.

I had a premonition of trouble, but tried to treat her like a kid as I had always done. I saw she did not like it. She was always coming to me asking if I liked things this way or that, and it was evident that she wanted my approval more and more in her dressing, and modes of decorating herself.

Aunt Mary made no bones about telling me that I was getting so well off and prominent that I was above common people like herself. Nothing I could do or say could change her mental attitude, and I was compelled to allow things to drift. Gradually she called in another physician and my visits became few and far between. It was evident that the chain of our friendship was broken, and never could be mended again.

I had insisted on Nan taking up sewing as an occupation and had provided the necessary opportunity for her to learn and received her reports of progress with much satisfaction, well knowing that she could earn an honest living and be independant if she desired.

Things had drifted on in this way until October when I received a call from Aunt Mary's house, and I had responded promptly, only to be shocked by a marked change in her appearance. One glance showed me that she was in the last stages of consumption, and beyond any help.

She asked me if I would do a favor for her. I assured her that she could command me for anything and I would do it. Well, she said between coughing spells, that she wanted me as a pall bearer, and she was arranging things just the way she wanted them done.

She had a diagram of her pall bearers and had the name of the particular friends who were to occupy the places marked with a pencil. I had my misgivings when I was placed as the left hand head bearer, and I contrasted my six feet four inches and occupation with my right hand mate who was about five foot two inches, and was a prominent politician and saloon keeper.

However, I felt I could stand it if she could, and gave her my assurance that I would be on deck when wanted. She thanked me and said she could now die happy, and did within a few days.

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ELECTRO THERAPEUTICS

(Continued from page 309

fected. It is preferable to apply the current to the region intra-orally, but if the person gags too much you may place the pole over the region externally on both sides, otherwise one inside and the other outside. Earache is helped through galvanism applied directly to the canal on the affected side by one pole, with the other on the neck on the opposite side. The pain of glaucoma is greatly diverted by mild faradic applications, relieved by mild faradic applications, severe under similar treatment. Use quite mild applications in either instance. Wet the sponges with mucilage of sassafras made with camphor water and made thick, and fill the eye with this solution thoroughly. Use for half an hour or more at each time.

(To be continued.)

DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE X-RAY

REPLY TO DR. H. O. WELLS.

In speaking about the value of X-ray work, this critic of what I had to say about my experience, makes some extraordinary statements which I simply referred to in a few lines in one of my subsequent papers. Since doing this I have received several letters from subscribers asking me for a more extended statement, in view of what Dr. Wells says—that he has used the X-rays fifteen thousand times in seven or eight years and in reply to this I simply say that in this city of two millions many of whom are here for expert treatment by surgical physicians and surgeons, the thirty of us who practically have the electrical business including X-ray work in our hands, have applied it in less than half the number that the doctor tells us he has done. My readers can draw their own conclusion about the matter. I have brought the attention of our electrical societies including both medical and commercial men to the statements made by this expert, for I suppose he entertains that opinion about himself, and they all dispute the assertions made by Dr. Wells, particularly in the case of physicians who know skin work thoroughly. For instance psoriasis is made worse at once by any stimulation and anyone who knows the merest elements of X-ray action is aware that it is the most active stimulant we have in electric energy, and it would once do immense harm to any case of this stubborn disease. So with his alleged cures of middle-ear and frontal sinus disease, we here find nothing except a severe surgical operation of value in the first, and how anyone can limit the rays to the middle ear is out of our knowledge altogether. Again, he says he cured a brain "tumor", but, what kind was it? What its location? How did he diagnose it without say—trepanning? Impaired speech and head pains are not typical of tumor at all, in apoplexies we always have these, hence localization is usually easy, then if operation is thought necessary, all right. In many conditions of brain-clot, I use galvanism to soften the mass when I am sure that danger of recurrent hemorrhage is past, say in eight to twelve weeks, and success is quite gratifying in most instances. I would never think of X-rays here—never.

I do not understand what the doctor means by saying that he is now buying his fourth "machine", unless he has had the usual failure of statics to work satisfactorily; here we gave these up long ago, the coil is always reliable and no one here would risk money in two "machines", let alone four. Whilst on this point I may say that there is evidently something else which makes statics useless in summer than the humidity. I have tried all known methods to dry the contained air in the static, but without avail. One plan was quite elaborate. I forced the air through absolute alcohol, then through a long tube white hot, then through a series of shelves holding on them anhydrous lime, so the air was absolutely dry, circulation being continuous during treatment, yet my static would not work in summer. Again, in winter we have days when the humidity is high, and I keep my house in good shape as to moisture atmospherically—my hot water radiators make heat, and moisture is also supplied automatically, (electrically from electrically sterilized water). Not-

withstanding this moisture the statics worked nicely, no trouble at all. Statics are obsolete; I had them made with the best Belgian, French, or Pittsburg plate glass, with watch movement accuracy in the revolving mechanism, varied plans for drying the air but all worthless, the coils now need no attention whatsoever. As technical stage director, and as surgeon to our great opera companies I have under my care many high-priced artists who gather in from a thousand to twenty-five hundred dollars each time they sing from sixty to eighty minutes (all told) a night, and having the most complete and expensive theatrical switchboard in America, or elsewhere so far as I know, (and I am familiar with all the European houses). I am in a position to do a lot of electrical work, and this in addition to my regular business, but I confess that although Fort Wayne is like many other small western places—a hustler—we cannot here get anywhere near Dr. Wells in paying work. Twenty to thirty patients means from a hundred to a hundred and fifty dollars on an average daily with a probable consultation and extra work now and then which would bring the annual income up to some sixty to seventy thousand dollars. We can't reach that by a long shot—anyhow I don't, and I do about as much as the next man.

In concluding I repeat what I have said—X-ray work is very satisfactory in skiagraphs, useful frequently in diagnosis, more particularly in locating foreign bodies, although it often fails there, but as to its value as a therapeutic agent it is of very limited use. Several of our experts here are chronic invalids through burns; there are two suits for heavy damages going on now because of deaths attributed to the ray, and a pupil of mine who is probably the best expert in the land, and who has had an immense service tells me that he has taken my advice, and dropped it almost altogether. General practitioners know nothing about X-ray work anyhow, most of them know nothing about electrotherapeutics, hence there is no danger of an epidemic of deaths through their avoiding the rays in so many dreadful maladies as seem to worry my critic. The nation will survive all right, X-ray —or no X-ray.

W. R. D. Blackwood, M. D.
Philadelphia, Pa.

SOCIALISM

REPLY TO DR. O. C. MASTIN.

The good and able doctor must not expect the realization of his socialistic Utopian ideals this side of the millennium. The nature and constitution of things in this tricky and sinful world, is, that the dominant traits of mankind in general, are avarice, greed, and selfishness. The conditions which he hopes to see accomplished, and which is "a consummation devoutly to be wished," will never be, till the golden rule shall become the controlling principle among all men. Civilization is all right; but civilization without the heart of christian love, and the brotherhood of man, is never going to be the ruling principle in man's relationship to his fellowmen, unless the nature of men is thoroughly regenerated. Ever since we have had employer and employe, the strong have oppressed the weak, the rich, the poor,—the Lazarns and Dives of social conditions has been the rule..

The development in this country of invention, discovery, science, art, manufacture, and all lines in which capital has had to employ millions of men and money, has been marvelous, but you will never see the day when purely manual labor will command much renumeration. Brains and skilled labor, get the usufruct. Of course, we must have hewers of wood, and drawers of water, but they never did get much pay, and in competition with energy, intelligence, ambition, and

skill, they never will get good pay, and there nover will come such social conditions as will reverse the rule. The great mass of humanity don't possess intelligence, are not ambitious and aspiring, but on the contrary, are satisfied to eke out a meager existence from day to day. You cannot inspire them to strive for better things. The public demand that they shall have things that cost the laboring man his health and life. Look at the coal miners, and iron workers in Dr. Mastin's own state? I venture the good doctor once believed a man had the right to own another human being,—body and soul. Does capital own as much? I have been through the South, through Mississippi, Louisiana, Alabama, Georgia, Tennessee and Florida, have been East several times, North several times, West to Utah, three times; and I want to say to Dr. Mastin that except in the large over-crowded centers of population, where there is the competition and struggle for subsistence, the working classes are happy and contented.

It is not true, that capital, as a rule, oppresses the working man. True, there always will be some men who "grind the faces of the poor."

Let them remind the doctor, that Franklin got the first human grip on electricity in 1752. He was a poor printer. Morse's telegraph followed ninety years after. He was poor in pocket. Edison, once a poor itinerant printer, thirty-seven years ago, made electricity print messages, and illuminate the world. Bell, in 1876, taught the human voice to run a thousand miles, on a slender wire. Marconi, dropped the wire, and talked through the empty air across the ocean.

George Stephenson built his locomotive in 1830, and since then millions of skilled men are making and running the great machines. In 1859, George Pullman, a house mover and raiser in Chicago, built the sleeper palace on wheels, and today his invention gives employment to thousands upon thousands of skilled artisans, and employes Vanderbilt, Huntington, and Harriman, bounded the continent with steel, and today millions of men are finding profitable employment on these iron highways. Would these things have been possible without brains, aggregation of capital,—the iniative, and the risk? They opened highways, peopled the West with farmers, and manufacturers, scattered money all along the line. Carnegie, the Scotch peasant boy, opened his first little factory in 1865. Besseman perfected his steel process five years later, and in time the payroll of skilled men ran up into the thousands. Such men developed iron mines, and one mine contains four hundred million tons of ore, and employs thousands of men at good wages.

Rockefeller started the oil business about the same time, and at first controlled but four per cent of the oil output. He now controlls ninety-five per cent, has blessed humanity by supplanting tallow candles with the cheaper than candles, crystal oil, almost as brilliant for illumination as electric lights. The great combination of the National Tobacco Company, now pays out millions per year to labor, at living wages. Their earnings per year run up to twenty-seven millions of dollars. The capitalization of cotton, which the doctor may know, represents an investment of seven hundred and fifty millions of dollars, and cotton mills pay out vast sums of money in our Southern land. Forty years ago there were no cotton mills in the South, no Birmingham, and almost "no nothing" in the South, except "niggers," and poor whites, who could hardly live at all. Now thanks to capital, foresight, and brains, there is work and money enough for all. What people want is industry, and economy, and health. Crime and misery are the result of crowded cities, ignorance, and idleness.

There is one more cause of so much

inequality, and misery in social conditions, and it is a prolific source of suffering among the wives and children of working men, and that is the drink curse. A leading employer here told me that he employed over two hundred men in the boat building industry, and that the men received wages from $1.50 to $2.50 per day, and were paid every Saturday. Those men have families, and instead of taking all their wages to provide actual necessities for their wives and children, they spend an average of fifty cents a day in nearby saloons. He said that during the summer working months, those men spent for beer and whiskey about one hundred dollars per day. When sickness overtook them in the idle months, they would beg of him money to buy medicine. As to the doctor, he would get nothing. Now, that is one of the reasons why no power on earth can better the social conditions of such men. As to wages, they get all they earn. So it is all over the country, in urban communities. Millions of dollars are spent annually by laboring men for strong drink, and the more money they get the more they waste. Go to Chicago and see the vast crowds of working men rushing into the saloons with their weeks wages, to pay the drink bill first and many times the grocer and the butcher comes short, and the doctors get nothing. No wonder doctors who will persist in staying in such a Sodom and almost starve, jump into the lake, or into Chicago river. Such things will be as they are, so long as people tolerate the nefarious, hellish saloon.

D. L. Field, M. D.

Jeffersonville, Indiana.

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NOTES AND QUERIES.

A writer considers the bile has seven functions as follows: (1) to assist in the emulsification and saponification of fats, (2) to aid in the absorption of fats, (3) to stimulate the cells of the intestine to increased secretory activity and so promote peristalsis and at the same time tend to keep the feces moist, (4) to eliminate waste products of metabolism such as lecithin and cholestrin, (5) it has a slight action in converting starch into sugar, (6) it neutralizes acid chyme from the stomach and this inhibits peptic digestion, (7) it has a very feeble antiseptic action. In my opinion ox gall is a very important remedy in various disease conditions and I would like to know the experience of the readers of The Recorder with this remedy and if anyone could tell how a pleasant preparation could be made in fluid form.

Carbolic acid was a great remedy with the late Dr. Ben H. Brodnox and with Dr. Gray of Mexico. I have seen several reports on the hypodermic use of carbolic acid in cases of boils and would like to know the experience of the Recorder readers with this remedy used this way. It has been used hypodermically with good results in la grippe.

The following prescription acts like magic in chordee and gives excellent results in prostatitis and acute cystitis with marked tenesmus and frequency of urination:

℞

Ex. belladonna.....gr. ii
Ex. opii aq.....gr. vj

M. et. fiat. suppos. No. 6.

Sig. Insert one into the rectum about three or four hours before retiring, one just before retiring and one of awakened by cordee in the night. The cordee generally disappears by the third night.

A good remedy for diarrhoea in children is as follows:

℞

Podophyllin .....gr. ss
Dovers powder.....gr. xv

M. ft. powders No. 24. Sig. Dose one every 2, 3, 4 or 6 hours as needed for a child one year old.

J. A. Burnett, M. D.

RUNDSCHAU

By H. SPEIER, M; D.
Minneapolis, Minn.

PROPOSED NATIONAL MEDICAL LEGISLATION.

With the adjournment of congress there died a bill of far more than ordinary importance, the one introduced by Senator Owen for the creation of a national department of health, it's head to be a member of the president's cabinet. Perhaps it is best, that the bill did not come to a vote, for it is sure to be introduced again at the next session and in the meantime opportunity is given for a careful consideration and discussion of its bearings. Strong and active opposition has been organized against it which has addressed itself directly to the people through articles in the daily press, magazines, and similar effective means. It asserts that the bill would fasten upon the people a medical trust—whatever that may mean —organized by and in the sole interest of the leading school of practice and intended to crush all others. The friends and promoters of the measure disclaim any sinister intentions against the existence of dissenting medical sects, and charge on their side that the opposition is inspired and financed by a combination of patent medicine manufacturers, irregulars and quacks, who profit by ignorance and lax health regulations, aided by the misguided zeal of various idealists, cranks and fanatics. The injection into the discussion of personalities and invective is deplorable, for it detracts attention from the real issue and obscures the truth. It is truth we must have.

Our national government through its agricultural department is doing a great deal for the animal live stock of the country but it is doing practically nothing for the human live stock which constitutes the nation, because the power and machinery for doing it were never placed in its hands. Whatever has been done in this direction had to be done through states, communities or private initiative and it cannot be denied that it has been inadequate. But conditions have changed. Modern science and preventive medicine have opened up great life giving possibilties. Their realization depends on concerted general action and uniform system unless a strong executive head, such as only the general government can supply. Ii is a just demand that the national government should charge itself with the preservation of national life and health.

There can be no possible doubt that these considerations were the motive which led to the formation and introduction of the Owen bill. That the idea originated with and is principally advocated by physicians is not to be wondered at and certainly not to be charged up against them. Our people and our legislatures are not only indifferent, but positively hostile towards sanitary and hygienic reforms. These, always and everywhere in our country were conceived by physicians and usually had to be fought for by them. In the present instance we have merely a repetition of former experiences on a large scale. And, as in all former instances, the gain will be the public's. The establishment of a department of health will mean the final suppression of the entire unholy traffic which fattens upon disease and ignorance, and a general firm and national policy for the preservation of health. Whoever opposes the realization of this great aim lays himself open to the suspicion that the profits by a continuation of present methods.

But there must be possibilities of

harm in the proposed measure, for only contimation of present methods.
on this ground can it be explained that the opposition is joined by many men of the highest intelligence and public spirit, whose sympathies and support are always on the side of reform. What are the dangers? The threat against the smaller medical schools has been made a great deal of undoubtedly for a purpose. It is probably more imaginary than real. Certainly a number of leading homeopaths are on the committee of one hundred, the official sponsors of the Owen bill, and several homeopathic societies have gone on record in its support. The fear of the formation of a medical trust, that is of an illiberal professional dictatorship? There are some grounds for it. The idea of the Owen bill has come from the inner councils of the A. M. A. and a national department of health and medical cabinet officer would in all likehood be if not exactly dominated, at least strongly, influenced by the A. M. A. and reflect its spirit and tendencies. That these and the entire present organization of the A. M. A. are undemocratic, calculated to build up an oligarchy, has been repeatedly shown in our columns. The same thought has been promulgated by Dr. Lydston of Chicago in a series of brilliantly written pamphlets and open letters, familiar to the profession, in which he has given instances of high-handed practices by the A. M. A. in disregard of right and justice. We cannot afford to create a department of the government in which such a spirit is likely to prevail. It could hardly fail to abuse the power entrusted to it.

This is the real danger lurking in the Owen bill as it was before the last congress, the raising of another obstacle to genuine democratic growth. It is clearly pointed out in an impartial criticism of it by Louis R. Post of the Public. While he recognizes and praises the humanitarian motives and aims of the originators of the measure, he objects that the bill in its present form is too broad and too vague in its terms. The powers which it would convey to the new department are not sufficiently united by definite checks and restrictions and there would be afforded chances for practices antagonistic to and subversive of liberty. He shows us, what a law conceived in the best of spirit and originally intended for praiseworthy purposes may lead to if insufficiently guarded, by referring to the case of our postal department. By the mere ruling of an official without trial, citizens can be and are excluded from the use of the mail and have no recourse to the courts—a form of despotism which no European country save Russia or Turkey, would tolerate. It is not the underlying original intention of a law, but it's exact wording and phrasing which count, when it comes to a test before the courts. Formerly courts used to hold that what was not expressly permitted by a law could not be allowed under it, but of late judicial decisions tend in the opposite direction, namely that what is not expressly forbidden by a law may be held allowable under it. Consequently greater caution must be exercised in the framing of new laws. The combination of an insufficiently guarded law with a tendency in its principal supporters and prospective executors to disregard popular rights may well inspire fear.

Eternal vigilance is the price of liberty. In our political life there is at present a drift towards too great concentration of power. This while productive of practical results, embodies a constant menace to true democracy and is, in the opinion of the writer, to be guarded against. Every encroachment on popular rights, no matter under what guise, is to be resisted.

To sum up, we believe that we need a national department of health, that the fundamental aims of the Owen bill are in the interest of the people and deserve support, but that the bill in its

(Continued on page 321)

THE WISCONSIN MEDICAL RECORDER

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RAMBLES IN LONDON.

London is a good place to spend a summer vacation as everything moves more leisurely than in our American cities and there is never the intense heat which characterizes the American summer. For the medical man London is always attractive as in addition to the charm of the great old city with its many historical associations, is added a great variety of good clinics.

This year I decided to spend my vacation in London and sailed on the Caronia, one of the great ships of the Cunard line. The Caronia is not the fastest but is one of the steadiest ships that float the seas and the traveler who is seasick on the Caronia is a poor sailor indeed. The officers of the ship, from Capt. Dow down are all genial, doing their utmost to make the voyage pleasant. One of the pleasant features of an ocean voyage is the many acquaintances made and I shall always retain pleasant memories of this trip across the Atlantic.

Upon my arrival in London I went to Williamson's Hotel, an old English hotel on Bow Lane, just back of Bow Church, and midway between St. Paul's Cathedral and the Bank of England. To enter this quaint old hotel is to step from this twentieth century world into one of Dicken's books. The building, its appointments, the proprietor and the attendants all seem to belong to a story book and the American guest is obliged to think twice in order to be sure he is not dreaming. The building was originally the Lord Mayor's Mansion House and the old iron gates of the Mansion House are still across the court, in the same position they have occupied for over three hundred years. The house was at one time occupied by Sir John Falstaff. For many years the property has belonged to the Williamson family, the hostelry having been handed down from father to son for several generations. The present proprietor, a typical old English gentleman, is always on the alert to see that his guests are properly cared for. The tourist who wishes to see English life and English ways should stop at one of these old English hotels. There are great modern hotels in London but they do not give a glimpse of English life.

London is a very easy city to get about in as the leading thoroughfares are quickly learned. No street cars are permitted in the center of the city where the street traffic is dense, but the lack of cars is more than filled by the London buses. London cannot be mentioned without some reference to the celebrated buses, which accommodate as many people on top as inside. The buses are of many colors, the color indicating the route of the bus. A splendid way to see London is from the top of a bus. Until recently the buses were all drawn by horses but now the motor buses are gradually supplanting the horse buses. The motor buses are noiser and quicker than the horse buses and everything about them breathes the spirit of the present day. The horse bus is a part of old London, with the slowness of the past and usually the conductor has the regular old fashioned London courtesy.

The streets in the center of London are

paved with asphalt and kept very clean being swept every night and flushed with water. The small amount of confusion on the London streets is remarkable considering the immense traffic, and this brings us to the London policeman,—the best in the world. He is the friend of the shopper, the counseller of the tourist, the terror of evil-doer, the autocrat of the London streets. He regulates the congested traffic and his gloved hand is the authority from which there is no appeal. He tells you where to go, helps you across the crowded streets with a quiet dignity distinctively his own. The ragged child receives his kindly attention as quickly as the finely dressed lady. The London policeman is never a grafter and can always be relied upon for honest information.

(To be continued.)

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PRACTICAL IDEALS

David Grayson, the very charming author of "Adventures in Contentment" has a delightful little story in the American Magazine for August, entitled "The Gunsmith." The sketch can be read with great profit by everyone and especially by doctors.

The following extracts present some of the author's practical ideals:

I have often reflected upon the incalculable influence of one man upon a community. The town is better for having stood often looking in the fire of Carlstrom's forge, and seeing his hammer strike. I don't know how many time I have heard men repeat observations gathered in Carlstrom's shop. Only the other day I heard the village school-teacher say, when I asked him why he always seemd so merry and had so little fault to find with the world.

"Why," he replied, "as Carlstrom, the gunsmith says, 'when I feel like finding fault I always begin with myself and then I never get any farther.' "

Another of Carlstrom's sayings is current in the country.

"It's a good thing," he says, "when a man knows what he pretends to know."

The more I think of it the more I think that our gunsmith possesses many of the qualities of true greatness. He has the serenity, and the humor, and the humility of greatness. He has a real faith in God. He works, he accepts what comes. He thinks there is no more honorable calling than that of gunsmith, and that the town he lives in is the best of all towns, and the people he knows the best people. Yes, it is greatness.

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RUNDSCHAU

(Continued from page 319)

these faults can be removed before congress meets again. If then the bill is reintroduced in a purified form, opposition can be offered only by those whose financial interests are threatened by it and who ought to be eliminated. We urge that every one of our readers weigh and study carefully this question which touches the most vital interests of our national life and then use his influence in the direction we have indicated.

THE A. M. A. MEETING.

The attendance at the last meeting of the A. M. A. was disappointing. It amounted to only one-eighth of the total membership, 4000 out of 34000. When the meeting place is at one extreme of the country, as on the Atlantic or Pacific coast, small attendance might be expected, but St. Louis being central and easily accessible from all parts of the United States, a much fuller attendance was to be looked for. May not the fact that the great majority of the members have no share in the management of the association account for the vident lack of interest? Everything, even to the election of officers, is settled by the house of delegates. And most of the delegates themselves, as we have been told by some of them, have nothing to say except yea and amen to what the few leaders propose.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books of interest to doctors. Items of literary news will furnish information on progress in the world of literature.

THE DISEASES OF THE NOSE, MOUTH PHARYNX AND LARYNX. A textbook for students and practitioners of Medicine. By Dr. Alfred Bruck, Berlin. Edited and Translated by F. W. Forbes Ross, M. D., Editor, F. R. C. S. England. Late Civil Surgeon His Majesty's Guards Hospital, London; Assistant North London Hospital for Consumption and Diseases of the Chest; Clinical Assistant Metropolitan Hospital for Diseases of the Nose and Throat, Assisted by Friedrich Gans, M. D. Illustrated. Pages 615. Cloth, Price $5.00. Rebman Company, 1123 Broadway, New York City.

This work is a comprehensive and safe guide for the general practitioner and specialist. The book is divided into four sections; Nose and its Accessory Cavities, Mouth, Pharynx, Larynx and Trachea. The volume contains 217 illustrations, many of which are in colors. Some anatomy is useful in such a work and the anotomical references in this book are satisfactory, both in text and illustrations. The novice especially, in this field of practice, will find the illustrations very valuable. An original idea in this volume is the introduction of illustrations of instruments in situ, which gives a clear understanding of operative technique.

While to work does not give the minute details of the subjects yet it presents sufficient to enable the practitioner to diagnose and treat every diseased condition met. It would be impossible to give more information in a book of this size, as the author leaves out useless verbiage and gives necessary facts. The work has been brought up to the times, presenting the latest accepted idea.

A commendable feature of the work is its conservatism. The author clearly describes all the various operations but advocates judgment and care in operative work. The practice of some operators, during the past few years has been to perform complete turbinectomies, elaborate operations on deflected septums, etc., which have not given the expected results, with the result of dissatisfied patients. In discussing hypertrophic rhinitis the author says:

"We strongly advise the operator not to remove too much from the concha, for otherwise the way is opened to atrophic processes, which amounts to substituting one evil for another. We also strongly condemn the operation mania of some specialists who, perhaps without indications, always pinch and cut about the inner nose,"

In speaking of the treatment of deviations of the nasal septum, Dr. Bruck says:

"Treatment of excrescences and deviations is frequently very troublesome and unsatisfactiry; and therefore we recommend operative procedure only in stringent cases, viz., where the complaints of the patient are urgent.

The section on diseases of the accessory cavities gives a clear exposition of these diseases and the best methods of treating them.

The section on diseases of the larynx and trachea is quite complete, giving late. ideas. An especially valuable chapter is that on voice in singers and orators.

A chapter has been appended to the book on meningitis cerebrospinalis epidemico, showing the value of nasal hygiene

This work has been so carefully prepared that it will be a valuable work for many years. We can assure our readers that they will find this book a valuable addition to their libraries.

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PHYSIC IN YE OLDEN TIME

By D. L. Field, M. D., Jeffersonville, Ind.

(Continued from Page 267 July Recorder)

The scientific progress within a century, has separated us from the past as by a gulf. Great theologians, such as Calvin, and Jonathan Edwards, were they called to life, could discourse as learnedly as ever, of predestination, and free will; great preachers, as a Beecher, or a Spurgeon, could stir our souls, and warm our hearts as of old; great jurists, as a Justinian, or a Marshall, could expound the same principles of law which hold good for all time; great forensic orators, as a Burke, or a Webster, could convince us by the same eloquence that made our fathers willing captives to their silver tongues; but today, so rapid has been the surgical progress, a Velpeau, a Sir William Ferguson, or a Pancoast, all of whom died within the last forty years, could not perform a modern surgical operation. Even the every day surgical vocabulary staphylococcus, streptococcus, antisepsis, infection, immunity, asepsis, toxin, and antitoxin, would be unintelligible jargon to them, and our modern operations on the brain, the chest, the abdomen, and the pelvis, would make them wonder whether we had lost our senses, until seeing the almost uniform, and almost painless recoveries, they would thank God for the magnificent progress of the last half century, which had vouchsafed such magical, nay, such almost divine power to modern surgeons.

The beneficent possibilities of good to mankind offered in the practice of medicine, the progressive and fascinating character of the work itself, and the life work of the noble men who have striven to develop the science in the past, should be sufficient to inspire the profession with higher and better efforts.

From time inmemorial, have myths and medicine been related. The ancients knew no religion save that of tradition, who had a distinct and separate God, for everything, sought cleansing at the hands of priests, and offered sacrifice in times of epidemics, that the anger of a God might be appeased. Such practice is still in vogue in many parts of the world, today. Primitive minds have always associated the doctor with the superhuman. The Indians regarded their "medicine man," a second to none in the tribe, and to him, nothing was impossible, even the bringing the dead to life, if he chose. Not only was he concerned with the cure, and alleviation of suffering, by his charms, his dances, his incantations, and his exactions, but he was credited with holding in his hands, the issue of a hunt, and the scourging of the people with a plague. To the Indian, medicine means the power possessed of a man's fetish, or charmed object, which may be a bears claw, a stuffed snake, or a drum. The Indian, too, has met, in a way, without sacrificing his fanciful notions, the modern idea of special departments in medicine, for among the tribes in Minnesota, are found four classes of medicine, or mystery men.

First. Medicine men whose profession was incantations, exorcism of demons, and the administration of magic remedies.

Second. The jugglery, and those who professed prophecy, and able to antagonize the evil charms of rivals.

Third. The daylight man, whose orgies continue through night, and cease at daylight, who profess ability to prepare lucky charms for the hunter, and potent love-powders for the disappointed lover.

Fourth. The herbalist, who professes to have knowledge of the properties of plants, and administers "medicine broths," or decoctions and infusions.

Not all superstition lies in the mind of the savage. Who cannot recall some good, kind, but ignorant friend, who believes he can do everything, almost to the raising of the dead. What physician has not been consulted about matters entirely foreign to his profession? Who has not been cautioned of the danger of wounds during the period of the dog-star? Among the old doctors, who cannot recall a score of signs learned of the "old women", in the parturient state?

Venereal diseases have not that same repugnance, when we consider the character of their derivation, as the ancient legend was that the love of Venus for Adonis, has removed any odium that might attach to the disease. Venus followed Adonis to the hunt, and wept over his life blood, as she saw it drop by drop change to the beautiful "Anemone", the remedy par-excellence for cases of nervous prostration characterized by passionate desire. Morphia assumes the character of a friend, when we recall Morpheus, the god of sleep, from whom it takes its name, because of the peaceful drowsiness the god enjoyed on a bed of poppies. Death loses half its terror, when we reflect that in ancient myths the god of death is the twin brother of the god of sleep, and shared with him the same cave. The arachnoid becomes more to us than a mere spider-like membrane, with its fibers, its interstices, its vessels, its nerve filaments, and its processes, when we consider that the spider from whom the spider-webbed membrane took its name, was once a beautiful maiden named Arachne, who dared to challenge Minerva to a contest in needle-work, and when after the weaving was completed, saw her failure, hanged herself, and was at once transformed into a spider, condemned to weave, and to spin unceasingly. Hygiene and medicine appear in the true relation, when we read that Hygiea the goddess of health preserving and Aesculapius were full brother and sister. But man has an investigating turn of mind, and has spoiled many of the choice traditions and theories of ancient times, yet modern medicine is far from being free from the influence of ancient and modern mythology. For instance the charmer, the voodoo, the seventh son of the seventh son, all of whom have their clientage to this day. The clock must be stopped when the spirit takes its flight, the boy who handles toads, must expect a full crop of warts, to say nothing of the conversion of the stomach into an aquarium for the rearing of lizards and toads, and the popular idea as to the cause of styes. How many stop to consider that they are praying to an ancient god of the Greeks, every time we head our prescriptions with the sign, ℞ which character is but an abbreviation of the prayer to the God, that the remedies may be effectual in the prevention, relief, or cure of disease.

It is true we are inclined to scoff at and ridicule old ideas, but it does not require a philosopher to see in the Pandora with a box of insects, a Pandora with a culture tube filled to running over with pathogenic microbes. Neither does it require a close reasoner to see that, as from the midst of insects, came forth "hope" to heal and sooth, so from microbes come forth antitoxins, serums, modifying, soothing, and healing diseases caused by these same microbes. The medical world today, has hardly ceased to be agitated over the discovery of the plasmodium of malaria, its haunts, and

its habits, and in ancient mythology we have much the same theories given in the story of Apollo and Python. Python, a monster serpent, was born of the slime, and stagnant waters from the deluge, and had long terrorized the inhabitants, making great inroads on their number. None had dared approach the monster, but at last, Apollo went boldly forth, met and slew the demon with his golden shaft. Note the similarity. Python born of stagnant waters. Python defeated by none, so long as his favorite haunts were undisturbed. Malaria a constant companion until drainage gave Apollo, the son, a chance to dry up the slime of these stagnant pools, and by his golden shafts, (rays of light and heat,) slay Python, the germ of Malaria. Who shall say the ancients were not nearer the truth than we supposed? Who shall say they were not in possession of the whole truth, just as they were in possession of many truths which are today, lost arts? And who shall say that these simple stories were not a series of allegories only, intended to simplify these complex theories only, until the minds of the masses could grasp them. It may be ours to dwell upon what we choose to term an enlarged and more exact science. It may be ours to discredit, but it is not ours to scoff, so long as we have hosts who will consult a faith cure and a Christian Scientist, and it is not ours to ridicule, so long as we have enlightened men and women who will suffer themselves to be physically injured, and operated upon, or who will perform an act tomorrow, or next week, simply because some one has made a few "passes" before them, and pronounced them hypnotized. I would not be understood as questioning the fact of the hypnotic state, but I do claim that it appeals not more strongly to reason, than do many of the old theories. Scores of remedies that were once sheet-anchors, have long gone out of use, likewise, many remedies which were once laughed at, or regarded as dangerous, are now in general use. Water is no longer withheld from the parched lips of fever patients. Instead of reducing we endeavor to converse strength. In short, myth has become medicine, and some medicine has become myth.

Great waves of reformation have swept over the globe, working epochs in the history of medicine. The microbic origin of disease, and the serum treatment today, swing far toward the side of medicine. Who can foretell what will come tomorrow, next year, or in a century hence? Is it not possible, that the time may come when we smart theorists may be laughed at too? The pendulum swings.

Section Four, Aphorisms of Hippocrates, says: "Sweats in fevers are beneficial if they begin on the third, fifth, seventh, eleventh, fourteenth, twenty-first, twenty-seventh, thirtieth, and thirty-fourth days, for those sweats determine the disease, but those which happen otherwise, signify a troublesome, and lingering disease, and relapse."

The extract indicates the existence of typhoid fever, in that remote period, four hundred years before Christ.

Sprengell of London, A. D., 1708, says: "For these are critical days, and such sweats happening on these days, brings the disease to a dissolution, but if such sweats should follow before the matter is concoeted, then they will but lengthen the disease."

Although diagnosis of disease was not much advanced then, yet the materia medica was enriched by the valuable discovery, where Dr. Sprengell says: "But in intermitting fevers we are not to be so observant, considering our Cortex Peruvianus, if rightly used, does cure them infallibly."

Probably Hippocrates did not use the cold water bath, as he says, Aphorisms xcviij, sec. 4: "In non-intermitting fevers, if the patients are outwardly cold, but burn within and are very thirsty, it is mortal." Old Hippocrates

didn't take a very rosy view of the outcome of typhoid fever. Such conditions now-a-days, would be considered trivial.

Celsus, four hundred years after, advocated the method of Drs. Luton, of Rheims, and Hun, of Albany, in 1885. So Celsus was pretty well up. Celsus said: "When the disease has increased to its height, so it be not before the fourth day, if the patient suffer great thirst, let him drink a large quantity of cold water, even more than his stomach will bear, and when his belly is thus, beyond measure, filled and refrigerated sufficiently, then let him vomit. Some, indeed, do not require vomiting, but use the water in this plenty, for a medicine. When either of these is done, the patient must be well covered with clothes, and set to sleep, for generally after so much thirst, watching and fulness, and after breaking of the febrile heat, the patient will fall into a deep sleep, during which he will sweat abundantly, and that is the most expedite remedy."

About seventeen hundred years after Celsus, an author says: "This ought to be done on the fourth or fifth day, the febrile matter is brought to a concoction in that time, and may be easily extended by invigorating the natural motion in this manner, and that sooner than it would be otherwise. But the cold bath performs the same ecect, yet this method is more convenient."

How many changes in this regard, had occured from the time of Celsus to 1708, it would be impossible to estimate. Between these periods, had existed the dark ages, when diseases were treated by the charms, and incantations of a superstitious age, a form of practice now revived by the name of "faith cure". Investigation shows no great improvement in the treatment of fevers, in all these years. In continued fevers, Hippocrates warned against the use of milk. pains in the head, and in acute vi

Celsus said: "Milk is a poison in pains in the head, and in acute fevers". Sprengell said: "It is apt to rarify the mind in the belly". Cullen again brought the cold water treatment into use, as hinted in the writings of the older authors. Through all the years from Hippocrates there has not been such a radical change in the treatment of fevers, as the last forty years has witnessed.

In the light of our present entiological knowledge, the cautions and diagnosis of various diseases seem to us today as very imperfect and in many cases, ambiguous. For instance take diabetes. It was known in olden times, as we find in manuscripts of Indian physicians, in the work of the Roman, Celsus, and the Greek, Aretaus, (100 years B. C.) mention of the disease. Willis detected sugar in the urine by its sweet taste. It was a disease to which the ancient Hebrews were very prone. There was no exact cause, or scientific diagnosis made of the disease till the middle of the 19th century. It began with the famous experiments of Dr. Claude Bernard. Concerning the origin of the disease, there is still considerable vaguiniss. Bernard said the diabetic center was in the medulla. Some attributed it to impairment of intestinal digestion. Dickson says: "It is the result of some obscure vice of digestion and assimilation. While others classified it under the head of neuroses. Some traced it to heredity. Harley makes two divisions in causes, viz. "Excessive sugar formation and dimmished sacharine consumption".

The history of medicine, from the earliest foundation to the present time, is crowded with instances of observers and experimenters, hovering on the edge of clinical facts, yet still settling on the side of empiricism and uncertain conjecture.

(To be continued.)

ELECTRO-THERAPEUTICS

By WILLIAM R. D. BLACKWOOD, M. D., Philadelphia, Pa.

(Continued from Page 313 August Recorder)

Hair growing in improper places, and on the face of women, can be removed by the electric needle, and for a while this method was used very largely, but lately in my opinion the electrolysis in this direction is getting out of fashion. I say "fashion" advisedly, for fashion is just as common in medicine and surgery as in dressmaking. There is no doubt at all that hair can be removed by the needle. I have taken out thousands in my time, but I have given the plan up because it is very troublesome to the doctor and patient alike. To do it properly you must have a number of broaches, for the common sewing needle is not adapted to the maneuver, and you must also be careful about the current strength for scarring will ensue if too much is used on tender skins, and one never knows just how tender the cuticle may be on a face till too late. Never employ more than three to five milliamperes; it is better to have only two if you remove many hairs at once, and never take out more than six to eight within the space of say an inch square. Better to have the woman come oftener than to force the matter. Always rub in some good alcoholic lotion such as cologne or maybe witch hazel to sooth the smarting after quitting the job. I took out probably a thousand from the eyebrows of a miner once, but it took me six months to finish the work, and he did not care, for he was one of the very rich customers that came my way. To do electrolysis of hairs well requires a steady hand and great patience. Insert the broach really into the hair-follicles before the current is turned on, and then apply so much juice as you feel needed only, always using a meter to be sure of the energy given. Now-a-days we have so many good depilatories which do not burn the skin as to make their use probably preferable to the needle, but I do not at all condemn the electric method; it is just this way—if you are steady in applying, don't mind the trouble, and the patient will pay what is required, all right, but if these desiderata are not on hand, go for the other means.

Now to turn around, electricity is a very useful agent in alopecia, or in any kind of baldness where the roots are not destroyed; no roots, no hair, no matter what you do. But, some years ago whilst treating a case of bad cranial neuralgia, the man told his wife to ask me if the electricity made hair grow, and I told her I did not know, but she said that he thought his hair was growing on a quite bald region, so I experimented, and the hair did come in nicely. Since then I have had a few cases where I did purposely treat baldness thus with success, but as a rule I don't take much stock in this plan of growing hair.

Now for a matter which comes along in many cases of hair on women's faces—I refer to moles. Nothing can exceed the success had through electrolysis of these disfiguring facial troubles. Insert one needle, or two if the mole is large, into it, being careful to get the point exactly at the centre of the blemish, then turn on a mild current, placing the other pole anywhere near the mole, and keep the current on for ten minutes or so. If there is much fizzing or foaming such as we get with peroxide it won't need so long treatment to destroy it, but be sure to blacken the thing well before quitting.

Varicose small tumors, actually venous, arterial masses, are readily cured with the needle, and if there is hemorrhage to bother you turn on a strong current through a small sponge after removing the needle, dusting it with boric acid of with some adrenalin chloride. This will break up any tendency to such trouble. The proceedure here is similar to that in piles. Varicose veins if not

too large are readily extinguished by electric cautery, the current causing clotting within up to a branch above the point of application. The method is good in the line of antisepsis also.

In enlarged tonsils nothing does better than a strong current applied through needles, the current being applied to the centre of the gland carefully and maintained till the tonsil is quite whitened. Operate only on one side at a sitting, and don't put the other sponge too near the sterno-cleido-mastoid muscle, or you will have a temporary torticollis that will make the patient howl. Be very careful, also, about the carotids, they are sometimes displaced a good way out of their proper line.

Too long uvula is nicely amuputated by the electro-cautery, and I prefer this method to scissors although it takes time to do it. Rapidity with cautery is apt to cause bleeding now and then. The cautery is very adaptable to hypertrophies of the turbinates, and the method is quite painless, particularly if you first use a little tincture of camphor before turning on the flow. Use a platinum point. The wire snare does not seem to suit me so well as the blunt point. Stubborn ulcers of the gums, cheeks, and tongue due to stomach trouble are nicely knocked out by galvanism. So, also, with fissures which may suggest lip cancer. When small, galvanism may stop the matter, and can't do any harm anyhow if it does not; touch the fissure lightly not burning too deeply. If, however, sure of skin cancer, cut a wedge out without delay. You may then, or not, cauterize the raw surface—I generally do.

If the patient can stand it I sometimes use galvanism in gum troubles such as recession causing bleeding when washing the teeth in the morning. Apply a light current through a suitable brush being careful to avoid pain, some folks feel great pain under a quite mild application. General mastitis is aided through galvanic applications, the mouth being filled with an antiseptic fluid such as borolyptol, glycothymoline, or alphasol. Use an insulated catheter to carry the current into the mouth with the other electrode on the back of the neck.

Electricity is of immense value in impotence of the male, both galvanism and faradism being employed—the first to tone up the sexual spinal centres, and the latter to boost the muscular arrangements of the penis itself. I usually begin with galvanization of the whole length of the spinal cord, with one pole on the perineum, and keep this up for fifteen to thirty minutes, depending on the degree of lack of power, and then give ten to fifteen minutes more with one pole on the sexual centre and the other on the perineum. Hutchinson, of Providence, Rhode Island, had in his book a picture of what he called his "penis stimulator", an exceedingly funny arrangement something like a metallic syringe, the barrel encircling the poor thing in trouble, and the piston carrying a current. I tried it once only, the organ grew erect all right and I had a time getting the tube off—it beat any case of retracted prepuce (paraphimosis,) hollow. Never again! You may encircle the penis with a sponge as one pole, but the perineal route is near enough for results. With the electricity I often use anemonin granules, (the Abbott No. 20,) and sometimes the same firm's pill No. 468—strych, hypophos, phosphorus, cornin, cactin, and nuclein. This is a fine tonic anyhow for many debilities. Another trouble in this region is that common thing, spermatorrhoea which causes such misery in many young men, and often it really is not true spermatorrhoea at all, merely prostatic mucus discharged because of constant excitement of the parts. Now the source of this is not in the plexus where the semen resides, but in the ducts of the prostate, and although the loss of fluid is somewhat weakening, it is not so much so as were it actually semen. But the mind is the main thing to re-

lieve, men thus affected are in constant worriment; they think they are impotent, and they are not. Here is where placebos come in nicely, give them something with terrible directions as to taking it, right at a special hour, with just so much water to get it down, not more, and so on. In this direction I want to say that I never have taken much stock in the racket made about self-abuse, I don't think that it really is a quarter as bad for youths as some doctors make it.

The loss of semen is no greater under masturbation than in normal intercourse, probably not so much, and the only trouble about it is the unnatural stimulation or excitement in lieu of the aid given by the female, which is very little in lots of cases. Galvanism to the spine and locally is proper in actual spermatorrhoea, and a good local application of faradism, enough to shake the region up well always does good, and I have had many cases to work on in the last thirty years. Under the head of restoring loss of power I would warn my readers against giving assurance of certain results in men past the age of what ought to be normal, men who are up to sixty or so cannot be aided at all, in my opinion. I wont undertake a case where evidence exists that the man has had enough sexual gratification: you will simply get left if you tell him that he will be as good as ever, it isn't in the bill. In cases where it is advisable to put them under treatment I am apt to give a tonic which I have long thought excellent, elixir of calisaya made by the old formula, not the present U. S. P. one with a twelfth of a grain of hydrarg bichloride in each teaspoonful, four times a day in plenty of water. I find this a fine thing in all run down folks where you desire to continue the effect long. And, in passing, I want to sit down upon the cantharidal business, that irritating drug never did any good to anyone so far as I can learn, and it has done lots of injury, especially to women who take it to render them lively, such as prostitutes, and kept mistresses. It sets up gastritis, and has no effect on the reproductive organs at all in my belief. Then again it is apt to produce stranguary in men especially. So with condurango which had such a rush for a year or two, it was boosted up as giving youth to the oldest rake in town, but it is a fake pure and simple. Better let old men alone, they have "the change of life" just as well as the women have, with this difference, a woman can keep up sexual intercourse as long as the thing dont shrivel up altogether, but a man can't.

(To be continued.)

MEDICINE NOT A LOST ART

By GEORGE L. SERVOSS, M. D., Fairview, Nevada

If a man, after practising medicine for a number of years, reaches the conclusion that his remedial agents are not of avail, and that at least 75 per cent of diagnoses are incorrect, it is time for him to call a halt and reason why. What sort of agents has he employed? Are they significantly active? Has he endeavored to find a name for the existing condition and treated that name and not the existing symptoms? Has he withheld treatment until an applicable name might be found? If he will reason why, he will probably find himself, and not his remedies, at fault, providing of course, the latter are active. If he has been employed galenicals it is possible that he has not been careful as to the base of supply and has gotten products below standard in quality. It

is also possible that he has not studied drugs in their application to pathologic symptoms, or that he has feared to administer his remedies to full effect. If he has treated a diagnostic name, and not symptoms as they have risen his error has been a grave one, in fact, inexcusable.

Many of the disease names should be wiped out and others meaning something substituted, and every practician should recognize the fact that many different pathologic conditions have certain symptoms in common and that the same curative agent is applicable to all.

It has been shown by investigation, that many galenical preparations fall short of the recognized standards and that some are wholly inert, more especially those made extemporaneously, and from drugs of unknown value as to active principle content. If such is the case, and "Pity 'tis, 'tis true," it is little wonder that results do not follow the exhibition of such agents, and that the doctor who employs them eventually becomes a therapeutic nihilist.

Early in the last century a revolution was started in the therapeutic world, when it was shown that many of the crude drugs depended upon some particular constituent portion of their makeup for their activity, and to a still greater extent when it was shown that such active principle or principles, could be isolated. For a period of more than fifty years these active principles have been employed to a very considerable extent on the European continent, and with good results. Some twenty years ago the active principle idea was brought before the American practician, and although the idea met with disapproval from some, it was fostered by those who introduced it, and today it has brought about a revolution in applied therapy.

Unlike the galenicals, active principles are always active. They are uninhibited by the other contents of the crude drug, and when properly manufactured, are always permanent and stable, their standard of strength not being variable, owing to decomposition, due to atmospheric changes.

It has been found that there is a variability of the strength of galenicals, due to changes following decomposition and that the dosage is not to be depended upon. Not so of the active principles. The dose of the latter remains stable and stationary, no matter what their age may be, providing of course, that they are properly made and from dependable goods. In this connection we would say that it undoubtedly true that there are some so-called active principles on the market, made by other than scrupulous houses, which are far from satisfactory, but in this article these are disregarded, only the chemically pure principles, being considered.

It was found that, owing to their potency, the active principles were best administered in small doses, at frequent intervals to full effect, and that thereafter, it was an easy matter to sustain this effect by increasing the interval between doses. By employing them in this manner it was found that their effect was better than was that obtained from the full, physiologic doses of the galenicals and that the organic functions were not so liable to interfered with, as in the latter instance. The small dosage overcome any fear as to what might happen should there be an idiosyncrasy or other condition, antagonostic to the use of the remedy for, while it might be apparent that such condition did exist, so little of the drug had been employed that no disastrous results followed, as might have been the case, had full, physiologic doses been exhibited. If, after the first, or second dose, it was determined that the conditions contra-indicated the use of the remedy employed, it was withdrawn, and without having produced disastrous effects, as might have been applied in the beginning.

In every galenical preparation, there is more or less foreign matter, which may or may not, inhibit the active principle

of the drug and in addition the crude drug may contain several active principles and it is as frequently the case that two or more active principles, common to the same drug, may be antagnostic, one to the other, and this, in a very considerable measure, accounts for the inefficiency of the activity of the galenical. In the isolated active principles, none of these faults are found. They are reduced to their simplest form and are not associated with any substance of an inhibitory nature, and in consequence their remedial action is specific in nature, and of a dependable character, and when applied to indicated symptoms invariably obtain anticipated results.

It is true that one cannot take up the application of active principles without some special study, but if a man is well grounded in his knowledge of therapeutics, generally, it will an easy matter for him to apply the active principles, and he will find, unless he is obstinate or prejudiced, or does not apply the active principles as suggested, that he will obtain results in a more satisfactory manner than when employing galenicals. He will not only get better results, but in addition will find that his patients will be better satisfied with the small active principle doses than with the large, ill-tasting and ill-smelling, and frequently, nauseating doses of the galenicals.

Since the introduction of active principles in this country some two decade ago, their use has been fought to a greater or less extent, but regardless of this fact their employment has gone on with an increasing ratio, and many men who were nearly, or quite, therapeutic nihilists, have recognized their efficiency, and have been brought to realize that there is some drug efficiency, more especially when active drugs are used and properly applied to meet existing symptoms.

For several years, the writer employed galenicals exclusively. The results obtained were not always absolutely satisfactory, owing to the fact that drug action was not always the same. Several years ago he took up the study and application of the active principles and for more than four years has employed them to the exclusion of almost every other form of medication and the results obtained have been such as to enable him to form the opinion that, if the active principles are properly applied, in the majority of cases the results anticipated, will be obtained. He has found that in all cases, owing to the small dosage, and gradually obtained effect, his patients have been brought to convalesence in better condition than when the larger, physiologic doses have been exhibited. He has also found that organic functions have not been interfered with to such an extent, as was the case when he was employing large doses at long intervals. Owing to the results obtained, he believes that, if the active principles were employed generally, there would be less talk of drugless healing and therapeutic nihilism. Medicine is not a lost art, if the proper remedies are employed to meet symptoms.

ALOIN.

By H. H. Redfield, M. D., Chicago, Ill.

Professor of Therapeutics, Illinois Medical College, Dept. of Medicine, Loyola University, Chicago; Professor of Therapeutics and Physiology, Reliance Medical College, Chicago

This represents the active constituent of Aloes Socotrina, common name Aloes, a plant belonging to the natural order of Lilliaceae and found in southern and eastern Africa. Dose of the standard granule, grains 1-6 to 1-12.

Physiological Action:—Aloin acts as a grastro-intestinal and hepatic stimulant, causing an increased secretion of the gastro-intestinal tract and liver, and stimulating peristalsis.

By this action on the intestinal tract it produces a stool which is dark colored,

and in over-doses, is often attended with griping and tenesmus. It arouses to activity hemorrhoids that have been quiescent.

Therapeutics:—Aloin in doses of one half to one milligram is a very excellent remedy in diarrhea, when the stools are yellow, watery, jelly-like, and accompanied by more or less flatus. These stools may occur in old chronic cases, or again the diarrhea may occur principally in the morning.

The patient complains of more or less griping pains which pass across the lower portion of the abdomen, and the tenesmus and prostration which follows each evacuation is extreme.

There seems to be a loss of control over the sphincter muscles, and if the desire for stool is postponed for a minute, there is an involuntary evacuation of watery, fecal matter, which stains the clothing.

The patient feels the sense of insecurity over the sphincter ani, and as a result he dreads to leave the house lest the desire for stool should come on suddenly and find him without means of relief.

In some cases there is an involuntary passage of fully formed stools.

Bleeding piles with great congestion of the hemorrhoidal veins call for the exhibition of aloin. The piles protrude and are sore, tender and of a dark purple or bluish colour. There is intense itching, and the application of water gives relief. In these cases one fourth of a milligram is the proper dosage. While the above indications point to the selection of aloin, yet the exhibitor should never forget that the cardinal indications for collinsonin are the trinity,—constriction, irritation, and congestion, with hemorrhoids, and as Hale has shown, collinsonin has a special selective influence or effect on the portal circulation, and as hemorrhoids are very often due to some derangement with the portal system, collinsonin should always be given the preference, as its influence is marked, prompt, and reliable.

Aloin should be studied in jaundice of an atonic nature, which may often accompany billious conditions. The tongue is coated, breath foul, and a heavy feeling is described in the region of the liver. In these cases differentiate closely between aloin and chelidonin, the latter being indicated when the above symptoms are accompanied by a pain located under the inferior angle of the right scapula. If the accompanying pain is under the left scapula, then the choice would be lycopodium.

In these cases there may be stitching or lancinating pains in the hepatic region, and a feeling of heaviness or soreness in the entire abdominal region, which is aggravated by walking.

The abdomen may be tympanitic and the escape of flatus, which is hot and offensive in odor, affords some relief.

It is beneficial in menorrhagia, the menses appear too early, the patient complains of a heaviness or sense of weight in the pelvis, which seems to be pressing downwards towards the rectum.

It should be studied in hemorrhage from the uterus during the climacteric period. The patient is prostrated and exhausted, and there are labor-like pains in the back and groins which may extend down the legs.

Leucorrhea with the discharge of mucus and blood, and there is severe pain in the back and groin. In all the above citations it is the small dose effect that is desired.

THIRTEEN UNCANNY TALES

VIII—THE SHADOW ON THE WALL

By GRACE M. NORRIS, M. D.

(Continued from page 308 August Recorder)

To her sister it had been an appalling revelation; to the young doctor it was none the less shocking. When he had concluded its reading, for several minutes he surveyed in silence the awed white face of his companion, then said, "This crime demands a careful and thorough investigation, and I understand that you expect your father this evening and I will await his arrival before taking any action in the matter. Mr. Weisel undoubtedly feels safe, therefore, you must conduct yourself as if no suspicion existed."

Dr. Mordaunt went down stairs and gave orders to the undertaker not to use external or internal preservatives on the body, and explained to him the situation, that they must delay their work several hours. He learned that Mr. Weisel was in his room offering himself condolence in large quantities of "wet sympathies."

At eleven o'clock that night Mr. Allyne might have been found closeted in the office of Dr. Mordaunt. The memory of his trip was considerably alleviated by a well filled flask and several expensive cigars, and three travelling men who played a good game of poker, so when he reached his destination he was in fairly comfortable shape.

"I am glad that you have taken no legal action," the ex-millionaire was saying after some discussion of the evidence which had been brought to his notice. "I wish as far as possible to avoid publicity, at least, until some of our fears are well grounded."

His dark countenance wore a pale and haggard look as of one deeply troubled and wearied by grief and travelling.

"Dr. Mordaunt, I cannot believe Weisel guilty of such a crime. It is not like the man as I have judged him."

"Very true, yet our duty to the dead and the living is apparent," replied the physician.

"Yes, and the investigations can be performed with decency and discretion. I wish to avoid notoriety. Whatever the marital relations between my daughter and her husband, we have no positive proof that a crime has been committed. Her suspicions may have been groundless. It seems impossible that a woman would have consciously suffered herself to be made a victim of such knavery."

"Bear in mind, sir," replied Dr. Mordaunt, "that she states that she did not suspect this until within a few days of her death. If arsenic has been administered to her with criminal intent, it has been very artfully done, and in a way to induce a gradual decline. True, we have as yet no positive proof of such a crime, but an autopsy will very quickly reveal the presence of arsenic if in her system."

Mr. Allyne then read the posthumous message left by his daughter, and also noticed that she had endorsed her will leaving the villa to his remaining daughter. At the end of his survey he said, "From the evidence here I am forced to believe a crime has been committed, one of the most heinous of crimes, and my dead child's appeal for justice shall not be in vain. From her letter, I infer that he had deliberately poisoned her because of her knowledge of his iniquity, and liason with some

other woman, as vile as, it is too horrible to contemplate''.

Then after a moment he added, ''I did advocate the marriage, with the motive in view of her happiness; my adversities caused me to do so, and though the man did not possess the attractions of youth, he had wealth and power, two desirable features, and on these grounds I based my views.''

For a time he seemed about to give way to the distress depicted on his pale face, but he suddenly governed himself and cried with a vengeful firmness. ''Enough of that! This is not the time for lamentations, but for retribution and revenge. He shall pay the price of his crime, a life for a life!''

Though Dr. Mordaunt was a young man, his judgment and his deliberation were equal to those of an older and experienced practitioner.

''It may not be so easy to fix the crime upon him even now. If our tests disclose poison, there still remians the question, by whom was it administered? Proving the crime will not of itself prove the identity of the criminal.''

''True!'' cried Mr. Allyne with a terrible frown. ''Ere he shall escape righteous punishment I will kill him with my own hand.''

Dr. Mordaunt did not comment upon the passionate threat. He said quietly. ''Whatever we do, must be done with caution and consideration. Mr. Weisel probably has no idea that he is suspected. We must avoid alarming him. First of all the coroner must be informed of the circumstances and an autopsy made to ascertain the true cause of Mrs. Weisel's death. I would advise that this be accomplished either without Mr. Weisel's knowledge or by gaining his consent without arousing his suspicions as to the actual motive.''

''I think the latter the better way and you may leave it to me to prepare the way without alarming him.''

''Do so, then early tomorrow morning when I will call upon you.''

''You shall find it done. Do you think that the scoundrel should be arrested.''

''Not if you can accomplish what you promise. I wish, if possible to avoid arresting him until after the autopsy. We shall then be positively informed of the crime itself.''

''I see,'' nodded the other understandingly, ''Let the matter rest then until the morning.''

Three days subsequent to the scenes depicted there was a quiet funeral. But there were only two mourners and the minister. The obituary rites were finished at last. There, among the withered blossoms, among the faded flowers, among the twining wild vines and amid the deepening shadows of a dark and gloomy forest the mortal remains of ''Lisa A. Weisel aged 22,'' were laid to rest within the tomb. The minister shook hands with and uttered a few consoling remarks to the bereaved sister and father, after the fashion of his cloth, affecting a deep regret for the departed woman as though he had known her all his life and the world had not held for him a nearer or dearer friend; then he entered his brougham which was in waiting and drove home oppressed all the way with the fear that he was late and the joint would be overdone.

In a small cramped room, where through a small window he could see only the marine scenery, was Jim Weisel, taken into custody for having poisoned his wife.

With the evidence of the post mortem, the servants testified finding Mrs. Weisel in semi-convulsions and suffering from severe internal pains, her bloodless features distorted and her hands clutching the bedclothes with convulsive grasps.

As the town did not boast of a jail, an old disused lighthouse had been pressed

into service, and as there was seldom more than one inmate at a time incarcerated, the sheriff lived in his own house and administered to the prisoner several times a day. The stone structure stood on a cliff within twenty feet of the brink, and he could hear the moaning of the waves and Weisel could catch a glimpse of the seething billows, a veritable Niagara, two hundred feet away and shuddered as he looked.

Hour after hour Weisel sat in his chair in his narrow confines where he had been thrust and the heavy doors closed, locked and bolted. The magnitude of his crime seemed to have crushed him and he seemed to have lost his remarkable self possession.

A few days before the trial a notice was posted in the postoffice to the effect that "the accused prisoner would give a check for $5000 to any person or persons who could furnish evidence as to who had poisoned his deceased wife and accompanying proofs for his acquital." It was the theme for conversation and created a little sensation, the clever ruse as well as all called it.

Dr. Mordaunt eyed it silently with some interest, though fate had stepped beyond him in her own mysterious way many times, he retired to his study and pondered over the question, if Jim Weisel had not administered arsenic to his wife, then, why and by whom had she been poisoned?

The day for the trial came, a crowded court-room, packed to the very door by such an assembly as the prominence of the ward boss would naturally call forth. Closely wedged upon the seats allotted the spectators, was a small multitude of fashionably dressed men and women, actresses, business men, and many others in the lime light from the city and then the citizens of Lone Beach, the deacon and tavern keeper sitting together and talking at once; either found a good listener in the other as each had no time to listen to his colleagues talk and both were angry with each other for his lack of attention.

In the enclosure set off for the witnesses were John Allyne, his daughter, Dr. Mordaunt and members of the Weisel domestic force. In a space apart from this was Jim Weisel, no longer on speaking terms with the former relatives at law; he was pale and haggard, and the sporty appearance of his clothes had disappeared. With the solemn judge upon the bench, the grave district attorney in his enclosure and the gathering of other lawyers from the country and city, the scene was one of such solemn importent and impressiveness as was never seen at Lone Beach.

The earliest details of the hearing were gone over and the evidence involving the prisoner produced. Long before noon, the majority felt that the politician was in the toils.

Dr. Mordaunt was called as witness. He gave his name, age and profession and then before the attorney could question him addressed the lawyer.

"I have just sworn to tell the truth, the whole truth, and nothing but the truth, for Mrs. Weisel was not murdered. I can prove that she died both a natural and an unnatural death!"

"What do you mean?" cried the attorney, astonished at the turn of affairs; for somehow the young man's words had a ring of truth, and each and every hearer was startled by their import.

"On the last evening of Mrs. Weisel's life, I was called by her to make a professional visit. When I saw her transparent skin, her lustrous paleness, the occasional pains her features manifested, yet which she struggled hard to conceal, which despite the will power which at times enabled her to be about, I recognized the fact that the woman stood on the threshold of death. At that hour, when I saw I felt that no power on earth could save her." Dr. Mordaunt's words rang forth forcibly and clearly, and the breath of every person was hushed under a stress of attention.

"I did what I could to relieve her! No earthly physician could have done more for her physical being than I, then and there. But in that chamber was more than the woman, there was the shadow on the wall; she already was helplessly and hopelessly enveloped in its folds."

The mysterious manner with which the equally mysterious words were spoken sent a chill creeping over all. Yet never a sound from legal representative or spectator broke the brief, impressive silence.

"I agree with the post mortem evidence that Mrs. Weisel died of arsenical poisoning, and a certain sequence of events and circumstantial evidence as here set forth involved her husband; but understand me, no human hand administered the poison!"

"I understand that Mrs. James Weisel died of arsenical poinsoning," cried the lawyer in tones of insuperable aversion. "But by what agency or method was the woman poisoned?"

"She was stricken by the shadow on the wall!"

"She was stricken by the shadow on the wall!"

"What do you mean by a shadow on the wall?" interposed the Judge with impressive gravity.

Dr. Mordaunt turned in his direction and raising his hand answered with dramatic solemnity and effect.

For weeks the silent boatman had waited

"The shadow on the wall! The shadow on the wall was the shadow of death. Lisa Weisel died of arsenical poisoning, but no human hand is guilty of the fate befallen her. The shadow of death, which for months had steadily enveloped her in its sombre gloom, the arsenic which had permeated her system through and through, eating away her life by slow degrees, till it had swept her past all human aid, this diffusive poison issued only from the paper which adorns the walls of the fatal chamber in which she slept and chiefly lived! In each

garland of flowers the grim reaper was hidden, and while they apparently breathed beauty and perfume, the white spectre there swayed and shook the roses with his skeleton fingers, and they shed the dust of death. For weeks the silent boatman had waited in the shadow to row her across the dark river to the eternal city. Now I have told you what the shadow on the wall was, it was the shadow of death."

An exclamation from Jim Weisel caused all to look in his direction and with a groan he swooned dead away, and fell from his seat in the prisoner's dock.

"Your authority for such a statement!" said the Judge.

"My authority, your Honor for the statement of the truth! I submitted samples of this wall paper, decorated with the roses of death to the most eminent scientist in the United States, a man who has made a life long study of effects of poisons on the human system and his analysis, and the testimony of similar cases frightfully corroborated my statement."

Jim Weisel rewarded the doctor with the four figured check amid thunders of applause. The preliminaries for his release were nearly complete and at ten next day "Sport" would be a free man. He walked back with his custodian and the crowd solemnly watched the two as they followed the trail along the cliffs to the old gray light house. The tall form of the prisoner was clad entirely in black and over his shoulders hung a great loose coat that flapped in the wind like the broad wings of some ill omened bird.

It was approaching evening at last. He sat and wearily waited for the darkness to come for the terror of the day had vanished. Twilight dimmed the landscape. The sky was tinged with a rosy red by the setting sun, red like the glow of a great fire, so flame like in reality that it might have been the reflection of the infernal holacaust.

The night was barely half spent when there was a fearful thunder clap and the lightning's play made pyrotechnical phenomena most weiredly beautiful and the lightning's fiery sheets flashed madly forth clearing the air like sulphuroues blades, and then in sheets of red like the furnace glow. There followed a roar of thunder which jarred the very earth and the ancient rocky tower, suddenly collapsed carrying with it the human freight into the depths.

A few trembling air bubbles rose to the surface and then the waters of the sea moaned over the place with the same sad sound they had breathed forth when the prisoner had stood at the window of his cell far above them and watched the silver foam in the raging storm-tossed billows of the ocean's bosom far below.

(To be continued.)

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THE DOCTOR

Drawn by Grace M. Norris, M. D.

NAN

By Gordon G. Burdick, M. D., Chicago, Illinois

(Continued from Page 313 August Recorder)

THE FUNERAL.

The arrangements for the funeral had been completed to the minutest detail by Aunt Mary, and their execution was left in the capable hands of an young Irish school teacher who had been very close to her during the latter years of her life.

I had worked myself into a nervous fury while being buffetted about between my affection and my sense of duty. It so happened that I was slated to do the stork act, and as the exasperating details gradually grew into hours, I saw my chances of attending the funeral were getting very slim, and I had about made up my mind that it was impossible, when a burst of speed saved the day.

My duties completed I jumped into my buggy and began to whip my horse into a gallop, much to the disgust of my usually well used beast, and we were soon going through the streets at a breakneck pace to make up lost time, and barely missed running down a policeman who had an idea that the horse was running away, and was looking for a chance to distinguish himself.

I found a goodly array of carriages and a number of people standing around, and they all seemed in the attitude of waiting.

I made my way around to the back yard and found a number of men lounging around looking very uncomfortable, and I walked up to one I knew well and asked, "What's doing?"

"Nothing!" He growled, "Start something".

"What's the trouble?" I asked of another.

"The d— Dominie hasn't hasn't shown up," he said.

"Here you big lubbers," said a young woman coming suddenly upon the group of helpless humanity, "get a move on you and get a preacher. This fellow won't come."

"Why so? I asked.

"Says he is too busy", she said.

"He is, is he? Well he wasn't too busy to take her money that she earned over the wash tub for a number of years back, and I think he wlil find time to come now", I asserted. "Come on Fitz", I said to a prominent saloon-keeper and lively politician, "we will be able to persuade him I think.

We jumped into my buggy and called at his house where we were told that he was at the church preparing for a big wedding and whipping up our horse were soon at the study and walked in unannounced.

The Dominie was not glad to see us, and refused point black to come, as he was preparing for a big wedding to be held in thirty minutes, and that he could not disappoint them as the church was nearly full by this time.

I winked at Fitz, and he at me, as we closed in on both sides of him, taking him gently but firmly by the arm. He found himself going toward the door while we were both talking to him in a persuasive tone of voice, promising him that we would get him back in time for his wedding. He was stubborn and grabbed the railing of the desk, only to take that ornamental part with him. He was expostulating with us, and we were

able to distinguish the words of outrage, police and other things that was uncomplimentary to us personally. At last he started to shout, when Fitz told him kindly but firmly that another sound out of his mouth and he would swallow every tooth in his head. Mr. Man took a startled look at Big Fitz, and subsided as many a braver man had done before him. One look at the firm, square protruding jaw, and the cold gray eye, would be enough to chill the marrow of a coward's bones.

All this time we were going toward the buggy. Sometimes the Dominie's feet were six inches from the ground. It didn't seem to make the slightest difference what he did, he went right along, and was told to jump in, and when he hesitated Big Fitz picked him up like a sack of salt and set him in the back seat with a thump, and jumped in after him. I climbed in the carriage, whipped the horse to a gallop and in five minutes we were at Aunt Mary's house.

By this time the Dominie had partially recovered his nerve, and protested that he could not go in without a hat, but was assured by Big iFtz that our company didn't care a d—— if he had on his pajamas, what they wanted was him, and if he knew what was good for his hide he would do as he should and not whine about it.

When we got there Big Fitz climbed out, and helped the minister to alight, and accompanied him to the house with an iron grip on his arm, and did not let go until his niece Mollie poked him in the ribs and whispered loud enough for all to hear, "Let go, you big duffer, you are hurting the little man".

Fitz stepped back embarrased, but within grabbing distance of his man and blurted out, "Now hustle Dominie and get the d—— thing over".

An audible ripple of merriment ran around the room while the Dominie not waiting for a second invitation started in, and succeeded in giving our women hysterics by the pathos of his eulogy of Aunt Mary's life. It was short, but served as gossip among the ladies for many years afterwards. Mr. Man certainly put his soul into his little speech and prayer and hesitated as he looked at the moody giant behind him for approval. A nod, and he was ushered out, while I who had not gotten out of the buggy rushed the minister back to his other duty just in time to save his face.

The funeral was held until I returned, as according to plans I was to be the right pall bearer, and recognized with apprehension and disgust that my partner on the left was a short fat harness maker who had been built somewhat after the pattern of a pork barrel, while Big Fitz brought up the rear with a little runt who was nearly dead with consumption.

It was the worst medley of misfits that I have ever seen together, but it had to go as Aunt Mary wanted it, and what she ordered was carried out, regardless of anyone's feelings in the matter. At last the simple service at the house was completed and we got under way to the cemetery just two hours late, and the song service by her friends was carried out just as the sun was sinking in the west.

The song, "Rock of Ages" was sung by Nan in her rich alto voice to conclude the service, and we all stood bareheaded as the earth covered up our friend and we all wended our way home with a distinct sense of loss, that has abided with me until this day.

I was compelled to go in a carriage with one of the women and take care of Nan, as the girl did not seem to realize her loss until the earth was closing over one who had been more than a mother to her, and she developed a violent sobbing spell that made her hysterical. It was only with the greatest difficulty I could get her quieted down for the night.

I was a very busy man for the next

few days helping Sally, the school teacher, settle the affairs of Aunt Mary by paying all the bills and disposing of all of her property to the different people to whom she willed it, and we found that we had a balance of twenty-five dollars on hand after everything was settled, and concluded to heap coals of fire upon the much abused preacher by making him a present of it, with Aunt Mary's compliments.

It was about this time that an incident happened that caused me much worry for a while. Nan had taken to her bed with a high fever and I had looked after her with considerable care, and when one evening I called on her at Schnider's house I found her in bed and of a taciturn turn of mind.

She did not appear very glad to see me and answered me in monosyllables. I suggested that inasmuch as she was well enough to be spunky, she probably did not need my service any longer, so I would bid her good-night. As I attempted to get up, she, quick as a flash threw both her arms around my neck and pulling my head down gave me a prolonged passionate kiss.

For an instant I was startled but drew away and asked why she did it.

"Don't you like it?"

"No, I don't from you," I answered. "You didn't kiss me like a child, but as a woman."

"Well, what of it?" she asked. "It didn't hurt you did it?"

"No, I can't say it did, but it will hurt you if you get to kissing men in this way."

"Well, I love you", she said doggedly.

"Oh, splash!" I said. "Now you have done it. What in thunder makes you think any such thing. It's foolish. I am not looking for any second Turkish harem, and besides you are only a kid".

"I aint either," she said ungrammatically, but with emphasis, "I am grown up".

"Well, we won't argue the question, but it is my conviction that you have mistaken gratitude for love and you think I am a perennial supply of candy and other good things, but these are past to any young lady who falls in love with a married man. You need work and plenty of it, and I will see Mrs. Schnider in the morning and see about putting you to work, and besides when you fall in love the next time see that it is a blonde, as these people have a temperment that is suited to yours. Now good-night, and you and I will forget what has happened this evening, as you will need my friendship and advice for several years to come".

"Is it a bargain?" I asked extending my hand toward her.

"Yes, you are right", she said, "good night."

I had a long chat with Mrs. Schnider the next day regarding Nan's future, and the good lady promised me to get her a job as a seamstress within a few days and did so. Nan held her job for several months and seemed to get along well, until I took her to an old friend who was an oculist and he attempted to fit her eyes but without success, as they became so violently inflamed that it was considered advisable to shut her up in a dark room; several months were wasted in these ineffectual measures until I found out that her trouble was due to eating too much protein food. This promptly subsided as soon as she was confined to cereals. In the meantime she had conceived a disgust against sewing, that we found it impossible to overcome, and after conferring with Mrs. Schnider we started her into housework in a wealthy family and as time went on, and her mistress seemed to like her, we thought our troubles were over. It is well, however, that we cannot always look too far into the future, otherwise much of the happiness of the human race would be turned to gall and wormwood.

(To be continued.)

DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE ABORTIONIST.

The chestnut when arrived at maturity drops spontaneously, but whilst immature cannot be separated from its bur without violene. In some recent medical literature articles have been published in which the authors were advocating and justifying individual medical interference in cases of conception following seduction, poverty, mutual, illegal sexual pleasures etc. What manner of man is he who desires to be invested with the authority of judge, jury, prosecutor, and executioner? It is he who justifies abortion.

At the first impulse we would say away with such a physician for he argues from porverted premises. When we weigh the pro's and con's we see this first impulse is about right; for the abortionist is the embodiment of selfishness, a human parasite, and his very name spells death and destruction. No chain can be welded and no prison walls can be made too strong for his hedgement.

It is related in ancient medical lore that the Grecian courtesans made no scruple of procuring abortion in order to continue their degrading traffic. They were openly advised to do this by their "modern" physicians. Where now, is old Greece and her glory? In the ruins of the past. Gone where we would have been if our fore-parents had called on the so called up-to-date physician with a few paltry dollars to arouse the pity and salve the conscience of the modern Hippocrates. They justify themselves by saying it is to help the poor girl to be happier and to prevent the overpopulation of the country with bastards. Yes, educated bastards make good abortionists. The poor girl may have sinned but one sin will not justify another. The embryo human by its very helplessness demands our protection. The prospective mother's passion was gratified in conception and is it possible that her pride should be appeased in abject disregard to the claim of another and an innocent human being? The modern (?) doctor by his consent, connivance, and agreement becomes the chief factor in adding a crime to the sin of a wayward girl. Because it is weak, tender, innocent, and absolutely helpless. Dr. Blank and others would tear it from its ensconced lair and render its habitation desolate and fit only for the reception of Neisser's and other dark germs of ill-gotten pleasures. My dear doctor, the abortionist is shortsighted and has his counterpart in the rat world which cannibalistic rodent devours its young when food is scarce. Enter not the uterus to do violence to the kingdom of heaven. It it our duty to build up not tear down, to make alive and not kill.

The twain neglected the god-given restraint and have dipped too deeply into this world's pleasures, and the poor girl's cry is nature's demand for the correction of an error. No nerve has ever yet pained without undue pressure from some quarter, and we are ill physicians if we kill the nerve instead of removing the pressure as we would be doing if we sanctioned or justified abortion in able-bodied women. Look for the cause and remove it. Where is the lesion or seat of nerve pressure in these cases? At this very juncture the medical man is linked to the moralist. Here is where they join hands in a common cause for the welfare, happiness, and uplift of the human family. If we would make rapid strides in the advance-

ment of the race, materialism or animal desires must be curbed and regulated with the iron hand. Passions are good, great, noble, glorious things and are divine attributes, and the sexual passion is no exception; but when any of the passions are abused, at that very instant they become imps of torture. The greater the treasure the greater the responsibility, the greater the passion the greater the trust. Normal woman's greatest passion is her love for her offspring and next in her order is sexual passion. She is custodian or trustee of her own virtue and man is trustee of his own and part custodian of the feminine by nature. There are certain iron bound truths we must consider and respect before we can pick up a live-wire. The sexual passion is allowed to run riot in many races especially the Scandinavian, Polander, and the Negro; this I know from first hand observation. There are many causes such as lack of instruction in self-abnegation, living in cramped quarters in order to economise on fuel and rent, and an utter disregard of the consequences as we see in the Polander and the Negro. The Norwegian and Polander and many of the Germans are too free in their speech and many of the Norwegian parents push their daughters in the way of an illegitimate conception in order to get them married. Many of them tolerate the boys and girls sleeping together in the home of the girls. These are no exceptions.

The youth are allowed to attend public dances and have promiscous escorts. The boy must be taught to respect his mother's sex. These social and economic conditions must be recognized and rectified in order to properly bridle the sexual passion and stamp out the abortionist.

Much of our music is nothing but sensuality and vulgarity set to harmony. Many a violin note has caused the bridge of hymen to drop in the river of tears. Music must be censored and regulated. Save the criminally inclined and protect the innocent youth. Force and semen making foods such as heavy steaks with rich puddings and spices should be avoided unless the system demands them. Wines and alcoholic liquors which irritate the ureters, prostate, and spinal centers must be totally abstained from. The boy must be taught the importance of avoiding constipation, obscene literature, and low conversation. Last but not least every male child should be circumcised for a long prepuce irritates the nervous system, encourages disease and perverts the sexual passion. Unless mental and spinal reflexes are removed our work will be in vain.

We must labor against the human vampires though it requires the establishment of a chair of morality in each medical school; for the work of the abortionist is too frequent. We find him in every important city and county in this great Northwest. He labors according to his light which is ignorance. He transcends all savage customs for he comes as a ministering angel purporting to promote the welfare and happiness of the nation by savage elimination, which is striking at the very fountain head of our government destroying us before the race is run that our land might become the habitation of strangers and ruled at some distant day perhaps, by some oriental nabob.

W. Stuart Leech, M. D.

Brooten, Minn.

ECHINACEA AUGUSTIFOLIA.

In answer to a letter of Dr. Burnett's wanting to know if I had ever used echinacea, will say that I have been using it for fifteen years. I use it in all cases where I think there is sepsis. The fact is, when I am called to see a case, and the breath smells badly, I give echinacea. I could not treat

a case of typhoid fever successfully without it, and have not had a case of hemorrhage in typhoid fever since I have been using it. It matters not what else I might give, I give every case of that fever echinacea. For carbuncle, there is nothing better known. I give 20 drops of Lloyd's spec. echinacea, in a little water every two or three hours, and saturate absorbent cotton and bind it to the carbuncle and keep it there all the time. Nine times out of ten, if you will begin this treatment in time, it will put back the carbuncle. Of late, however, I have been using, locally, echafolta cream. A few years ago I decided that I wanted an ointment made of this drug, and wrote Prof. Lloyd and had him to make me an ointment, which I named echafolta cream, on account of its beautiful cream color. This cream is good in any and all old sores. I have treated quite a number of old tibial ulcers with this cream, with the very best of results. It matters not what the sore is, if it is an old one, echafolta cream will help it. It is not so good for recent sores, but it is good for any sore. Of late, I have been also using the tr. of echafolta, instead of echinecea. It is a stronger preparation, but either is good. In all cases of typhoid fever I give the echafolta, and if there is any diarrhoea, I combine it with spec. baptisia, as

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Spec. echafolta.....dr. 5
Spec. baptisia.....gtt. xxx
Water .....q. s. oz. 4
Sig. Teaspoonful every two hours.

The idea is to begin the use of the echafolta, or echinacea right from the start and continue it through the disease. I am sure it will make the case much more mild, and I believe will cut it short.

It is the remedy for blood poisoning, if there is one in the materia medica. Since I have been using echinacea, blood poisoning has no terror to me. A short time since a drug clerk came to me and wanted me to do something for him. He had skinned his finger in cleaning up in the store, and it had became inflamed and a red streak was running up his arm and he had a very high fever and said there was a kernel under his arm. I gave him ten drops of spec. echafolta, ten drops every two hours, and in less than forty-eight hours he was well.

I have treated a number of snake bites with this drug with the very best results. I remember the first time I ever prescribed it for snake bite. A man came to my office and said, "I want you to go and see my little boy who was bitten by a snake yesterday. I came for you and you was not at home and I got Dr. P,—and he gave him some whiskey, but he is no better, and his arm is swelled to his shoulder and is as black as my hat".

I told him I did not think it necessary for me to go, that I thought I could send medicine that would do as well. So I sent four ounces of spec. echinacea, and told him to give his boy twenty drops every two hours and to keep absorbent cotton wet with the medicine, bound to the place, and to report next day. He did so, and said in two hours after he began the use of the medicine, the boy got easy, and the arm began to suage down. Said he took the dressing off to see how it looked, and that the green water was dripping out of the wound. Since then, I never think of anything else but the echinacea. I could report case after case that I have treated with this remedy, but suffice it to say, echinacea is the remedy for sepsis, it matters not what the cause is. It is the best addition to materia medica that has been made in a quarter of a century.

T. J. Daniel, M. D.
Magazine, Ark.

ECHINACEA AND CACTUS.

Dr. J. A. Burnett asks me to write an article for The Recorder on echinacea augustifolia.

I really cannot see my opportunity of writing up an article on echinacea. Some two or three years ago, I wrote my experiences with this remedy for a small magazine published by W. S. Merrell & Co., of Cincinnati. They afterwards reprinted it in a circular they sent out. I wrote also, if my memory serves me rightly, a report for the Lloyd Bros., which was also printed in one of their drug treatises,—but of this latter statement I am not certain.

I have used echinacea for some 16 years, and at the time I first tried it I could not find a druggist who ever heard of it. I now use "echafolta", which is the discovery of that wizard in chemistry, John Uri Lloyd. It has been described as echinacea with the dirt taken out.

I consider it one of the most valuable remedies I know of, and I have used it in obstinate ulcers,—sometimes adding baptisia, for malignant boils and carbuncles, for various forms of eczema, for browntail moth infection, for insect bites and stings, and it has never disappointed me in the least.

I fancy you will find that you have undertaken a big job, if you expect to settle the question whether this drug is of any value or not. What I know,—what I have proved,—cannot be driven out of my consciousness by all the doubts or denials in the universe, and I do not believe I am any more obstinate than many others of the faculty. If you ever lifted a red hot horseshoe, all the arguments pro or con will not avail to shake your certain belief that a red hot horseshoe will burn any fool who handles it long enough.

There is a reason for everything, and those who register their failures with this remedy are doubtless honest and truthful. I have seen some pretended fluid extracts of echinacea that were worthless, and I remember some years ago that a botanic druggist of this city, —it was not Cheney,—who went out about ten miles into the country, at the instance of an herb doctor, and gathered a lot of what the doctor pronounced echinacea. I got some at the store, but on tasting it, I told him that he was a long way off, and suggested that he compare it with some of Merrell's. It didn't take many seconds to settle the question with him. The aconite twang of the real echinacea settled the question, and he then discovered that his informant had mistaken echinacea purpurea (rudbeckia) for echinacea augustifolia. Echinacea purpurea is common in this locality, and known as purple cone flower. A botanist will appreciate the joke, well knowing that echinacea augustifolia is seldom or never found east of Illinois. The purple cone flower seems not indigenous in this state, but has probably escaped from gardens.

As I said before, I use echafolta exclusively now, I don't know that I can give any reason why, except that the charm of having "the dirt taken out", takes my fancy. Only I cannot couple Lloyd's preparations with "dirt" of any sort.

Cactus is a favorite with me. This remedy I use in the form of cactin, (Abbott's No. 566) and I value it highly. I note that it is an ingredient in Abbott's H. M. C. tablet, an anaesthetic that is damned and praised with equal vehemence. Having never used it I cannot speak from experience, but my strong faith in that strenuous crowd in Ravenswood leads me to believe that it is a valuable addition to our armamentarium. I notice that John Uri Lloyd pronounces cactin as worthless. My reverence for the character and abilities of Dr. Lloyd, precludes my contradicting him, but, speaking from my own experience,

I think, sotto voce, that he is mistaken. However, I will say that about the only cardiac remedies I use are cactin and crataegus oxycantha. Digitalis I very rarely use, and as for veratrum viride. I got a scare from that years ago that I have never recovered from.

Well, doctor, you will probably uncover some differences of opinion, or prejudice in your investigations. A medical row is apt to resemble Apuayesswv. It is the most savage contest in the universe save one, a war of church dogmatism.

JAS. R. PHELPS, M. D.
Dorchester, Mass.

ECHINACEA AND CACTUS.

Dr. Burnett asks what have been the results, if any, I have had in the use of cactus and echinacea augustifolia As to the latter my experience has only been with proprietary preparations containing echinacea, and have found it very useful in septic conditions, furunculosis, and eczema. I have used ecthol internally and locally,and have been pleased with the results. Echitone is also a very superior preparation for grandular diseases and blood impurities, therefore it is applicable to all eczematous conditions. There can be little doubt, either ecthol or echitone, will be found especially good in all septic conditions from any cause, and the proprietary preparations are to be preferred for eligibility, palatability, and reliability, or any other bility.

Now as to cactus. Of course, we naturally think of the active principle when we mention cactus, and I refer to cactina, as made in St. Louis. I have long been an excessive smoker, and have at times erythema, and if I take cactina pillets a few days, I soon am all right, and my heart beats as regular as a clock. I don't have to explain the modus modendi, as to the effect of cactina pillets, but I know from the results in my own case, as well as in other cases in which I have prescribed them, that they are great.

Now as to fluid extract of cactus. Years ago in rheumatic cases, where the heart needed help, and also in typhoid cases to provide against failure. Of late years, in typhoid cases, I give cactina pillets (2) every time I give fever medicine, and by the way, in typhoid I use acetozone.

D. L. FIELD, M. D.
Jeffersonville, Ind.

ECHINACEA.

Dr. J. A. Burnett asks me for my experience with echinacea augustifolia, also with cactus grandiflorus, and to make my report through the Wisconsin Medical Recorder. In reply to his request will state that with the former I have no experience whatever, and with the latter a very limited one. Although I have been prescribing cactina pillets, or granules, occasionally, for several years, I have really prescribed them more as a placebo, than with the expectation of getting any valuable therapeutic results.

These little cactina pillets are nice to take, and always please the patient, and as I have never known any harm to occur from their use, I have prescribed them in various heart troubles in conjunction with other treatment, and my patients usually get well.

During last winter I suffered considerably from irregularity of the heart's action. After trying a number of remedies without much benefit, if any at all, I in the meantime happened to have placed in my hands a catalogue recommending a preparation made by the Abbott Alkaloidal Co., of Chicago, Ill. It is a special preparation of said company and contains 1-134 gr. of cactin conc. in each granule, the form in which it is prepared.

I procured a small quantity of the

preparation and have been taking it according to directions o nthe original package. That is, from 2 to 4 granules 3 times a day or oftener, if necessary, and have been greatly benefited, or at least have been feeling very much better as regard that particular symptom.

However, we are told that it takes more than one swallow to make a summer, and my improvement may be purely coincidental, though I have so much faith in The Abbott Co's. alkaloidal preparations, that I feel very much inclined to give the credit for my improvement to the cactin pillets. I am now taking 3 to 4 a day, usually in the afternoon and that appears to keep my heart at its proper gate. Of course I will test the remedy thoroughly before saying positively just what I think of it. Eighty-four years, together with a two months seige of "la grippe," is rather more than a man should be expected to bear up under. But we are never old until we think so, or sick until we fail to respond to the merry jingle of the dinner bell and I object to being accused of either of the above propositions.

J. A. Ward, M. D.

Troy, Mo.

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ECHINACEA.

I have never employed cactus except in combination, and hence cannot speak authoritively as to its therapeutic value.

I have used echinacea to some extent, but without definite results. In my opinion, it is much over-rated. I have not, however, used it sufficiently either to approve or to condemn its use through the columns of any medical journal. There is entirely too much of this kind of work done. A physician tries a new remedy, the patient improves under its administration, the doctor, without further investigation, rushes into print ,lauding the new remedy. Vice versa, in another instance, he fails to secure satisfactory results, and at once, without additional tests, condemns through the press a drug that others who have subjected to a more thorough trial have just as highly recommended.

By slightly paraphrasing Pope so that "words" reads "drugs", you have my idea exactly:

"In drugs, as fashions, the same rule will hold;
Alike fantastic, if too new or old;
Be not the first by whom the new are tried,
Nor yet the last to lay the old aside."

J. A. Cox, M. D.

Wheeling, Va.

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ECHINACEA.

I am in receipt of a request from Dr. Burnett for my experience in the use of echinacea and cactus, for publication in The Recorder.

In reply will say that I am somewhat familiar with the reputation of echinachin as a systemic, bacillicide or antiseptic and with that of cactus as a heart tonic and regulator, I believe both articles to be entitled to observation as to their therapeutic value, but beyond this my use of them has not been sufficient to enable me to speak from my experience. Facts concerning their value as revealed by those who have given them a proper test will be of interest.

O. L. Purviance, A. M., M. D.

Steubenville, Ohio.

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RUNDSCHAU

By H. SPEIER, M. D.
Minneapolis, Minn.

WHAT PHYSICIANS DISPENSE.

The following is a copy of the label on a large, not sample, bottle on the desk of a dispensing physician, without reproducing the display features of difference in size and fatness of type and spacing. Respirotone (Tabella Guaiodoli et Cinnamati comp.) A quick, complete remedy for coughs, colds, sore throat, asthma and all respiratory affections. Absolutely harmless. A therapeutic agent that is uniformly efficacious. Contains nothing but the invaluable stimulant antiseptic Guaiodol 1-4 gr. with Cinnamates 1-8 gr. and Aromatics 9. s.

Information on what guaiodol and cinnamates are is solicited. The editor confesses his ignorance of them. Comment is unnecessary. The physician who hands this dope out to his patients is a fair average man, neither better nor worse than thousands of others. There are undoubtedly many every where, who use similar stuff just as indiscriminatingly. This exemplifies one of the worst features connected with physicians prescribing. The busy man has not the time, even if he should have sufficient pharmaceutical knowledge and experience, to compound prescriptions and as few men trust themselves to single drugs, they become almost without realizing it steady users of the various compounds presented by the manufacturers. It is doubtful, if the revelations made in the Journ. A. M. A. will reach this evil.

There are many strong arguments in favor of physicians dispensing their own medicines, but are not after all the advantages outweighed by the disadvantages? It is an infernal nuisance, declared a physician who dispenses because everybody around him does, and we would all quit, if the druggists would give us half a show. There is the rule! At the same time the practice has a bad effect upon druggists. They cease to be professional men in territories, where physicians dispensing has become universal, as in Michigan. There in villages and smaller towns drugstores frequently carry in addition to the usual sundries jewelry, groceries, crockery, etc.; in the cities they make a feature of the fountain, to which numbers have added regular lunch counters. The Detroit, Med. Journ. printed recently the bill of fare advertised by a prominent drugstore. Physicians cannot feel safe in entrusting prescriptions to such a junkshop, as an indignant pharmacist called these degenerate drugstores. There is no telling where all this will end. The breach between physician and druggist is beoming wider and both are losers by it.

INTRAVENOUS INJECTION OF NUCLEIN IN TUBERCULOSIS.

Edgar P. Ward in the Medical Record, presents a new theory as to the action of nuclein in tuberculosis, in which disease he administers the remedy in a novel way. In every case of tuberculosis which he has examined within the past two years he has found a decrease in the specific gravity of the blood with a corresponding diminution of the percentage of hemoglobin. There is also a lessened number of red blood-corpuscles, with an increase of the deformed cells, or poikilocytes, as they are called. These changes are proportionate to the severity of the disease. As a consequence of the low percentage of hemoglobin there is a marked deficiency in the oxygen-carrying power of the blood.

This blood condition Dr. Ward has found to yield rapidly under the influence of intravenous infusions of a

solution of sodium triticonucleinate, standardized to one milligram of organic phosphorus to each cubic centimeter. A physiologic salt solution is used as a vehicle.

Dr. Ward believes that the value of nuclein depends not so much upon its property of producing leucocytosis as upon its power of restoring the percentage of hemoglobin and of the number of red cells, while at the same time reducing the number of poikilocytes and increasing the specific gravity. In other words, the nuclein acts as a "blood-builder." That all these changes take place when the nuclein-saline solution is administered is shown by the author's detailed report of fifteen cases.

The nuclein-saline solution is given intravenously, under strict aseptic conditions. The dose of the nuclein solution used varied from 30 to 60 minims. This is diluted with a salt solution consisting of calcium chloride, 0.25; potassium chloride, 0.10; sodium chloride, 9.00; water, 1000. One ounce of the mixture is allowed for each twenty pounds of the patient's weight, eight ounces of the combined nuclein solution being an average dose for a person of ordinary weight. The solution is introduced into the median cephalic or median basilic vein, about twenty minutes being required for the completion of the transfusion.

In practically every case thus treated there has been a rapid increase in the percentage of hemoglobin, while the number of erythrocytes and the percentage of poikilocytes was diminished. In the majority of cases there has been a corresponding improvement in the patient's condition, shown by fall of temperature, slowing of the pulse and increase of weight. In forty-eight cases thus treated, practically all advanced, Ward has had but five deaths. Nine patients out of the 15 cases reported in detail recovered, 4 were improved and 2 died. These results are certainly unusual.

Dr. Ward's deductions are as follows:

1. If there is not a net increase in the percentage of hemoglobin in two weeks' time, we do not expect any permanent result.

2. Even where there is no net increase in the hemoglobin, the treatment aids in keeping these people upon their feet.

3. With a constant increase in the percentage of hemoglobin, when the same has reached 85 to 100 per cent, and remains at this point for one month after all treatment has ceased, the patient may be declared well.

Education of Nurses.

At the last annual meeting of the Medical Society of the State of New York several lengthy papers were presented and earnestly discussed dealing with the modern education of the modern nurse. They are waking up in the East to a condition which we have discussed in these pages several years ago and come to the same conclusions we have reached.

To maintain that the nurse's calling is a profession on the same footing as that of medicine and base the course of instruction on the assumption is a fundamental error. The instruction given to nurses has become top heavy, it ignores the public demand for ordinary and domestic nurses, at prices which people in ordinary circumstances can pay. Nearly 6000 nurses are graduated annually in the United States, but only 10 per cent of the nursing outside of the hospitals is done by them. Hardly 20 per cent of the population of our cities are able to pay the prices charged by trained nurses. There is need of a class of nurses who can afford to work for $10 or $12 a week in a family and sooner or later this need must be met by the institution of less specialized and more practical courses of instruction, admission to which would not require the degree of preliminary education at present demanded by nurses' schools.

THE WISCONSIN MEDICAL RECORDER

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VOL. 13 SEPTEMBER, 1910 No. 9

A NEEDED REFORM.

While the managers of the American Medical Association are elevating the standard of everything medical, it would be a good idea to do something which would elevate the standard of the entertainments at the annual meeting. When a society which claims as high purposes as the A. M. A. has to be entertained by low vaudeville, it is time to do some elevating at home. One of the entertainments at the St. Louis meeting was a disgrace to the society and the profession. The newspaper reports of these features give the public the idea that the members go to the annual meeting to carouse and attend low entertainments. The scientific programs of the annual meeting are so excellent that it seems too bad that the public should get a wrong idea of the meetings because of these low entertainments. Let us have the annual meeting cleaned up and only decent entertainments in the future. This is an important reform which is greatly needed.

The society has become too large and influential to permit its meetings to be marred by levee shows. If there are members who must have such entertainments, let them go to the resorts providing such amusements and not bring such things to the social meetings of the Association. The meetings of the Association should be not only of a high scientific order but also of a high moral order.

RAMBLES IN LONDON—II.

The American visitor to London may be deficient in English history but he soon acquires considerable historical lore as he wanders about the old city. He may not have thought much about Lord Nelson but when he visits Westminster Abbey he is shown a wax effigy of Nelson, when he goes through St. Paul's Cathedral he is shown Nelson's tomb and he finds London's great central square is a momument to Nelson.

TRAFALGAR SQUARE.

Trafalgar Square is the center of London; a few minutes walk in one direction are Westminister Abbey, the Houses of Parliament and other government buildings; a short distance in another direction is the great shopping district of London; a short ride in another are St. Paul's Cathedral, the Bank of England, the Guild Hall and the Lord Mayor's Mansion House. From the Square buses may be taken to any part of the city. Trafalgar Square commemorates Nelson's death at the battle of Trafalgar, Oct. 22nd, 1805, when the

English fleet destroyed the combined armaments of France and Spain, thus frustrating Napoleon's plan of invading England. In the center of the large Square rises a massive granite column, 145 feet in height, crowned with a statue of Nelson 17 feet in height. The pedestal is adorned with relics in bronze cast with the metal of captured French cannon. At the base of the monument are four colossal bronze lions which are always remembered. Within the Square are statues of George IV, Sir Charles James Napier, General Gordon and Sir Henry Hanelock, two fountains are also constantly playing. All else about Trafalgar Square may be forgotten but the memory of the statute of Nelson and the bronze lions will never fade. On the north side of the Square is the National Gallery with its many works of art by the great masters.

Trafalgar Square, London

Royal Westminster Ophthalmic Hospital.

Just off of Trafalgar Square are two hospitals which the American physician finds of great interest,—Charing Cross Hospital and the Royal Westminster Ophthalmic. The former is a general hospital and the latter an eye hospital having excellent clinics. The courtesy shown me when I visited the clinics in the Ophthalmic Hospital will long be remembered.

The Ophthalmic Hospital was founded in 1816 and has continuously treated the many patients applying for relief. During the year 1909 the hospital treated thirteen thousand six hundred and eighteen out-patients, five hundred and seventy-five casualties and eight hundred and eighty-four im-patients. A School of Ophthalmology is maintained in connection with the hospital, where excellent instruction may be obtained for very reasonable fees. The instruction consists of clinics, lectures and laboratory work.

This is the hospital where Hartridge has worked for twenty-six years but he has recently retired from active hospital work and is now consulting surgeon to the hospital. The staff consists of Surgeons H. W. Roll, E. Brewerton; Assistant Surgeons W. H. McMullen and R. R. Cruise; Pathologist H. A. Wilson; and Radiographer, A. D. Reid.

Practitioners wishing further information regarding the hospital and school should address the secretary John Hy. Johnson, Royal Westminster Ophthalmic Hospital, King William St., West, Strand, W. C.

(To be continued.)

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PHYSIC IN YE OLDEN TIME

By D. L. Field, M. D., Jeffersonville, Ind.

(Continued from Page 336 September Recorder)

In one of my communications I mentioned the criticisms, and persecutions of some of the great discoverers of truths in medical science, and physiological functions; and now for a short time, I propose to follow up that line.

In medical science, the same fate was met, that befall other sciences and discoveries. The followers of the different schools of philosophy, among the Greeks, accused each other of impiety and perjury. The people, in their turn, detested the philosophers, and accused those who investigated principles, with presumption in encroaching upon the rights of the Deity. Pythagoras was banished from Greece, and Anaxagorus was thrown into prison. Everyone knows the fate of Aristotle. Democritus was treated as a madman, because he dissected dead bodies, in order, as he said, to discover the "cause of insanity", and Socrates, we all know, was put to death for demonstrating the "Unity of God".

The same scandal has been renewed at all times, and among all nations. Many of those, who in the fourteenth century, distinguished themselves for the knowledge of science, were put to death as "Magicians". Gallileo at seventy years of age, for announcing his great discovery, was imprisoned. Those even who maintained the benefit of a change of climate for the sick, were denounced as "Materialists", because people in those times depended on an appeal to the "Gods" for a restoration to health; or "exorcising evil spirits," and any other resort, was denounced as a crime against the Gods; consequently they who disregarded such means of cure, were materialists. The Odes of Horace were despised, because they were new.

Aristotle's books were burnt; and afterward, Ramus who wrote against Aristotle, met with the same fate. Descartes was persecuted because he taught the innateness of ideas, and the University of Paris, burnt his books. He had written the most sublime thoughts upon the existence of God, but his enemies accused him of atheism.

In old times, every discovery of a truth in medical science, was discarded because it was new; and if it became old, it discarded because it was old. Ignorance and charlatanary were as popular as meritorious discoveries, and scientific truths. The medical world has ever been slow in its progress, and suspicious of innovations, even though the same enlightened the profession. Like many other professions, or sciences, people were so wedded to some hobby or blinded by their early education they were bitterly prejudiced. Within the last century, however, more progress has been made, than was made in centuries before.

The great Harvey, once said: "What unaccountable perversity is in our frames, that we set ourselves so much against everything new? Can anyone behold without scorn, such drones of physicians, that after the space of so

many hundred years experience and practice of their predecessors, not one single medicine has been detected, that has the least force, directly to prevent, oppose, or expel a continued fever? And should anyone, by a more sedulous observation, make the least step towards the discovery of such remedies, their hatred and envy would swell against him like a legion of devils.''

While medical science has always been in process of development, yet on the basis of achievements, medicine need not hide its face in comparison with the other learned professions. From Pliny to Moliere, and to a later era, there have been those who caricatured medicine, because of its ''feeble science, and impotent art.'' But the science of medicine, and the art of healing, are no longer viewed as ''traditional vagaries''. Ignorance and incompetency, make no such conquests. Physicians, as a rule, have a close fellowship with the learned in all departments; and enjoy, in marked degree, the favor of society.

When medicine, in olden times, was the battlefield of tradition, superstition, and the follies of alchemy, it was sought to dignify it as a science, but it finally emerged from the domain of dogma, when Bacon began to be manifest in experimental science. Since then, as I said, medicine has had a gradual growth ever enlarging its borders, and growing nearer and nearer the truth. From these facts in history, we learn that ''Science is its own conservator''. If the functions of medicine are debauched, and divorced from the science upon which the true art of healing reposes, it is because men of insufficient education, and mental, and I ought to say, moral training, are allowed to assume the role of physicians. It is needless to say, however, that there have been many notable characters in our profession in early times, whose opportunities were limited, and who by zeal and industry, glorified themselves, as well as the profession of medicine. It is scarcely possible to prevent great men from rising under any system of education, as many men in the early history of the science attested by their characters and talents, as well as by their writings, and success in the art. Mental capacity may be an acquisition, and the prime factor in medical attainments; and yet, one so endowed, will be bound to come to the front. If such have good perceptive faculties, sound reasoning powers, an educated or trained judgment and a disciplined mind, the practice of the healing art would be as safe, and as successful, as if such an one were crammed with theories as obtained in the medical colleges at the present day. This is why I maintain that some of the most profound thinkers, the most careful investigators, and the most richly endowed mentally of the founders of medical science, in its earliest dawn, were just such equipped men. They delved, searched, explored and brought forth the great truths of medical science, however much may have been added and improved, in succeeding centuries.

There appeared in an old English newspaper contemporaneous with the times of Shakespeare, the following advertisement: ''Wanted—In a family who have had bad health, a sober, steady person, in the capacity of doctor, surgeon, and man-midwife; he must act as butler, and dress hair wigs; he will be required, sometimes, to read prayers, and and preach every Sunday. A moderate salary will be paid.''

In those times, diversity of attainments was common, and the standing of the physician must have been very different from what it is now.

Cicero, in his writings, has something to say about dentistry. Sir Astley Cooper had a passion for horse trading. Shakespeare, himself, with that versatility so characteristic of his wonderful mind, was well versed in the medical lore of his time; in fact, he must have been, theoretically, at least, a fair doctor for his day. Virchow was not only

a wonderful pathologist, but an eminent statesman as well. Bilroth was an accomplished musician. Politzer and Heitzman were both artists of considerable ability. To Esmarch is the credit due for the "bloodless bandage", and the first amputation without hemorrhage. To Hemholtz, the profession owes an everlasting debt of gratitude, for the invention of the ophthalmoscope; to Von Graefe, for the benefits derived from iridectomy; to Sims, for working out a cure for vesico-vaginal fistula; to Pasteur, Cohn, and Koch, the marvelous revelations as to the germ theories of disease, and for the flood of light thus thrown upon places that were for a thousand years shrouded in mystery.

To go back to the ridiculous, it was said that Cullen, in his time, had to contend with the then popular errors of using boiling oil for the dressing of wounds, and the stumps of amputated limbs, and the prescription of "burnt toad", taken internally, for divers diseases. And in all ages, sorcery, and charms have been more or less popular. It hasn't been such an age, since the feces of dogs were decocted for "putrid sore throat", and children were dosed ad-nauseum with sheep saffron tea. The "berries" were found on the ground, in sheep pastures. The more sheep there were in the pasture, the greater yield of the fruit to the acre. The cow-yard furnished a mine of therapeutic wealth, in the form of poultices. Thus the kennel, the sheepfold, and the cow-yard, were laboratories from which many remedies were obtained.

Finally every age seems to have confuted old errors, and begotten new ones. The history of medicine is the history of the human race. It originated from the primary necessities of man. The evolution of medical science has, among all people, been strikingly similar. The earliest history was obscured by myth and fable, associated with religion and philosophy. The struggle of medicine for freedom was well advanced with the Aryan races, at least two thousand years ago. The myth Prometheus, which is older than the Greek form, represents the friend of mankind as stealing fire from the unwilling Zeus. The angry God sent the fascinating Pandora, with her box of ills, sorrows, want, pain, and suffering, wan and hollow-eyed sickness and then hope, last in the box, on whom terrified man dropped the lid, mangling, and crushing the comforter of the cursed race. We stand as representatives of that lame, crushed, and distorted "hope", as ministers to human suffering and woe. When we examine the high position of ancient medicine, we wonder that, for several hundred years, there was so little advance, as I have said in my earlier papers on "Physic in ye Olden Time".

One thousand years before Hippocrates, there existed forty-two of the encyclopedic collection of Hermes, which may be claimed to have as having represented the progress of medicine to that date. This stupendous summary, was in many respects, equal to the great monument of Grecian medicine, the Hippocratic collection, the pride of the ancient world, and the delight of medical scholarship in all ages. There has ever been an innate tendency of the human mind to formulate dogmas, and theories. The ancients were profoundly ignorant of chemistry, and the physical sciences, speculating upon the essential nature of things. It is a tribute to Hippocrates that he insisted that the truth of doctrines, be tested by our senses; and that we cannot know nature by any other method. Speculation should wait upon knowledge, theory upon facts.

The study of the past in medicine is profitable, and serves a wise and beneficient purpose; because such history represents the progress and experience of the science in practical additions, and important discoveries.

"We weave the cast off ideas of bygone ages, into the garment of languages; and by nimble shuttles,

and the chemistry of time, create a new meaning for words expressive of old theories.''

It is not manly, nor profitable, to regret the past, and certainly is it ungrateful and dishonorable to condemn the ancient founders of medicine, because they worked in the candle light period, and wrought wonders with the light they had.

(To be continued.)

ELECTRO-THERAPEUTICS

By WILLIAM R. D. BLACKWOOD, M. D., Philadelphia, Pa.

(Continued from Page 339 September Recorder)

One of the most dreadful troubles which we have to deal with is epilepsy. Be it either hereditary or spontaneously developed in one whose family has always been free from such matters it is very hard to do anything with. No end of drugs have been recommended, but when we come down to basic principles the bromides are the foundation of all we rely upon. I may start criticism, but with me, when I used to see a lot of this disease, no bromide was of much use to me. Unless we push the drug to excess we don't get results, and when we do we arouse skin troubles which are just as bad as the nervous affair. Early in my electrical experimentation I was fortunate enough to have several bad cases of epilepsy, and I went at them with galvanism vigorously. The method employed was the central, with combined general work, and as much current as the person could tolerate. With one pole on the solar plexus I went over the whole body applying enough to make the tissues smart—from twenty to sixty milliamperes, and this was kept up for half an hour daily. It was expensive to the patient of course, but people will pay if able in such a terrible thing as this malady. I suppose I have used this method in some two thousand instances (mostly hospital work) up to ten years ago, but lately none have come under my notice. Through the mental or imaginative route all were bettered at least for a time, some for a long time, but in the average only about ten per cent were admittedly relieved, and some two per cent actually cured. Those cured staid cured, so I don't hesitate to say this.

Chorea is also a spasmodic trouble, and here I have had very excellent results in every case almost without exception. I use the same method of application, and some ten or more patients get to me yearly. All do well under galvanism, with a little faradism thrown in as a surprise at the end of the seance. I think the sinusoidal has better credit here than other forms, but high frequency is all right. I think the imagination is at the bottom of most of it anyhow. Chorea is an imaginative trouble, that is, it will run through a school or family if you don't take means to teach the rest that it is not necessary for them to get it, and therefore we can get results through the imagination here better than in some other troubles. If you do use electricity, give it good and hard.

Writer's cramp is benefited by local currents of high frequency. Some years ago I had lots of this to treat by one patient recommending another, the old-fashioned way of getting business; nowadays the big fellows advertise just as storekeepers do, they get round reporters and give feeds, etc. One thing that has done more to set writer's cramp aside than all the medicine in the world is, the typewriter. When we write with a pen, we use only a few muscles, the extensors and their opposites, but with the machine we employ ten times as many, including those of the upper arm, the shoulder, and the back. I always advo-

cate the machine for this troublesome disorder, and I think that it is practically now unknown. But if you do get a case electricity with massage will do ;wonders. Another nasty trouble is the cramps which come on when you think you are sleeping like an angel, and the first thing you know the muscles of the calf, and sometimes the thigh too, are drawn up into knots. When this happens a good plan is to extend the limb fully, press the toes against the footboard, or wrap a bandage of some sort around the muscles involved and squeeze them tightly. Sometimes this is due to stomach disorder, but generally it comes from nervousness, and then electricity sets in handily. Galvanize the spine including limbs also, with massage. Delirium tremens is, of course, treated by removing the cause, but nothing will soften down the spasmodic affair like galvanism. Give mild currents from the nape of the neck to the solar plexus, and many a patient who had lain awake for two or three nights went peacefully and soundly to sleep under the current. Now, if we can get sleep we have started the cure, and I never take hold of a case without having a good combination battery with me, leaving it at the house for convenience, and if the folks are thoroughly trustworthy, let them give a dose every two or three hours. Be very careful about telling them what this, that and the other, may do toward injuring the battery. I once had a woman of great intelligence hold a pitcher of quite acid lemonade which I was giving her husband, right over a chloride of silver battery and she spilled about a cupful of the liquid on the pinboard which short-circuited all the cells and burned out the entire apparatus in a twinkling. It cost me thirty-five dollars to have the cells renewed, for they had to go to Baltimore, and she kicked about paying the bill, but finally she did so, and when it came time to send my account at the end of the month I added enough to bring it up to fifty, for I was kept out of the use of the battery for a week. Fortunately the cells were all short-circuited at once so they went up separately, as the whole pin-plate was flooded with the lemonade. Once a doctor laid a metallic uterine sound on the pins in such a manner as to connect the first and almost the last of a hundred cell battery of the same nature, and it exploded with bad results to the cabinet on which it lay, it broke up about two hundred dollars worth of instruments, etc. The open method of exposing the cell-pins in the battery under notice whilst convenient, is dangerous in this direction, for any metallic or fluid thing connecting the cells necessarily burns them out instantly. Never short-circuit any galvanic battery by touching the applying electrodes together, even if only one cell is intercalated, for a closed circuit brings all the amperes into play and it will of course burn out, always interpose resistance even if short, that saves the internal electrodes. Fifty ohms is enough to save this accident, and any part of the body will give that much, say on either side of the hand, through it.

Atrophied muscles are greatly benefited by any form of electricity, but especially by galvanism with massage. In many cases coming on after long continued fevers or after accidents the muscle of the legs particularly grow feeble and sometimes actually atrophied through disuse, and here galvanism comes in nicely. Use gentle currents, but keep up the flow of half an hour at each seance, and always massage the limb freely till the patient gets tired. Passive exercise is combined with the electricity as is usual, and, of course, tonics which will build up the wasted frame. Paralysis agitans in people not too old is ordinarily greatly benefited by thorough electrization, the brain, spinal cord, and general nervous system being brought under the influence of both general and local excitement. We must differentiate between the tremor of

alcoholics and that coming from brain lesion, because the main thing in the former is to stop the habit which is at the bottom of the trouble, no amount of electricity or anything else will be of avail whilst drinking is kept up. Of late years I think this trouble has grown, and in my opinion it is due not infrequently to the use of wood alcohol in the so-called "soft drinks." Some of the soda-water concoctions are to blame for many instances of agitans, especially the cocoa syrups which are largely doped with cocaine and cola, one proprietary article especially which is largely advertised and largely drank. Two glasses of this has kept me awake all night several times under an experiment which I made on myself just before bedtime. The cause was undoubtedly the syrup, for I was careful to avoid anything causing wakefulness on the nights when I took the dope. The druggist tells me that he has steady customers for this poison, and it is used largely in our so-called "tenderloin" amongst bums.

Some months ago I gave a list of applying electrodes, and now I desire to say a few words about cells, and the best way to keep them in working order, for they need attention all the time if we wish to get results from them, it is a bad thing to have the current fail just as we start in to treat a patient. If you have the street current there is seldom any difficulty about things being in good shape, but if you work with cells it is no harm to know which are best, and what to do to keep them in order. For all common work such as galvanism and faradic the common zinc-carbon style with ammonium muriate as the electrolyte does all right. Long ago I did this, I put a small whiskey glass in the bottom of each cell, and in it there was a couple of teaspoonfuls of metallic quicksilver which touch the bottom of the zinc rod, and this keeps it amalgamated constantly. The idea is to prevent action whilst the circuit is open, for notwithstanding the theory that there is no current flowing when the circuit is opened, there always is local action, although it is feeble, owing to the fact that commercial zinc contains enough iron to cause slight current which gradually destroys the zinc, it causes polarization. Now if the zincs are well amalgamated this is prevented, so it is economy to use the mercury. You may add a little sulphate of mercury to the chloride of ammonium solution, but it does not act so well as the quicksilver does. Two pounds of mercury will do for thirty or forty cells, and it lasts almost indefinitely, mine have not been renewed for fifteen years, a hundred of them, that is, the mercury, the solution and zincs are fixed about every two months. When you renew the solution always scrape the ends of all wires where they enter the binding-posts to make good contact, sometimes the current fails because of oxidation at such points. Let the same care be shown to the wires at the applying electrodes too. If you splice wires, which is a bad fault, better run the whole length anew, always cover the splice with insulating tape. Keep the cells full of solution to the shoulder, because if the liquid falls much there is not enough surface covered by the electrolyte to generate current. It is a good plan to have a demijohn of the solution on hand for this purpose, although it may do now and then to simply use water for the top inch or so, the solution is somewhat evaporated, but there is enough salt in what is left to make it strong enough by adding water only. It is a good plan to shake the zincs by jarring them up and down occasionally to knock off the hydrogen on the carbons, the cause of polarization. Keep the tops and sides of the cells dry, wipe them well when renewing, this prevents creeping of salts, and if much water lies of the shelves there is danger of current leaking across from cell to cell. I tag all wires in the cellar with the small wooden plant tags, and thus you know just where they go at the point where

they run up between partitions, or through floors. Always leave a loop or coil of wire at the point where they disappear to allow for pulling them up or down when making repairs, say about six inches or so. Keep a few hundred feet of wire on hand, some tape, so me double staples for holding wires to joists or other points, and never put a staple across two wires at the same point, it may cut in and short-circuit the line, staple one wire here, and the other near it but not together. Also put a small piece of tape under the staple, or use the kind which have an insulating collar, the so-called insulated variety. Little points such as these save lots of trouble. Never run a circuit through one bell to another, wire each separately, then you cannot have both ringing at once and wearing the battery. Put switches on all bells, and thus turn them on or off at night, or where you desire quietness in the house. If runs go out of doors to the stable or such use waterproof wire always. There is a tendency to use the so-called "dry-cell" by many, but it is a mistake, for these affairs have not the electro-motive force of wet cells, and they run out quickly. You can renew a wet cell anytime, but you cannot do so with the dry one, unless you have a good laboratory, and even then the trouble is too great, it is much cheaper to purchase new ones. The formula for all dry cells is cumbersome and complicated, and although if you have a street current you can for a short while liven them up by recharging as with a storage cell, they soon peg out. For motor cars these will do, for when they won't spark you can throw them away, or use them for light work in other directions, but in the long run the dry business does not pay. They are all alike, and I have tried the whole list often enough to find that the standard wet cells fill the bill the best of any. The best method of renewing the zinc-carbon variety is to wash the carbons in hot water, amalgamate the zincs, add four ounces of ammonium chloride to a quart of warm water in winter, or cold in summer, stir till the salt is completely dissolved, for if you immerse the carbons before the solution is clear it will crystallize on the zincs. Keep the top of the carbons on both sides well covered with parafine to prevent creeping of the fluid, and keep the water up to the shoulder as stated above, all the time.

(To be continued.)

PHTHISIS PULMONALIS

By W. STUART LEECH, M. D., Brooten, Minn.

(Prepared for Steaines-Benton County Medical Society)

Take the man with large bones, the bones of the arms and legs seemingly prolonged, the head tapering from the sides to center similar to a square-angled roof; high cheek bones, flabby muscles; and for the further recognition of this picture we will say his complexion is light blond tendency, with freckles especially on the face, hair coarse reddish and plentiful, eyes set deep in their sockets, nostril orifices narrow and small teeth large, slight droop of the shoulders, the footstep nonelastic, and the intellect is generally clear and bright. This is a to tubercular phthisis pulmonalis. Let him be between the ages seventeen and thirty and give him severe toil, mental depression, poor food, and poor ventilation, and we can expect him to be cut down any day with haemoptysis and tubercular consumption. Often does that florid color or hectic blush with a dry cough develope long before the inception of the tubercular germs. Occasionally a jet black haired person will seemingly prove the negation of this portrait but in the main our picture is typical and the black hair is the atypical

typical individual with a predisposition —One of the exceptions that make the rule.

So much has been spoken and so much good writing has appeared in secular and medical literature on the physical symptoms of phthisis that their enumeration would be superfluous in this brief paper, for here we will only take a few topographical observations with the illustration of some actual cases.

In the Autumn of 1890, the first year of my practice in Asheville, N. C., I was called to attend or to take charge of Col. Fink of Brooklyn, N. Y., who was in the last stages of consumption. The Colonel was a civil war veteran of the Union Army, an American millionaire with a family, a gentleman, and a scholar. Although a man fifty years of age, medium stature, military bearing, he was essentially of the predisposing tubercular type. About six years previously he left New York, while the disease was in its incipiency in a vain effort to regain his health abroad. He informed me that he had visited France, Italy, Germany, Switzerland, other parts of Europe, and the British Isles, and had consulted physicians and spent long intervals of time in those places under the supervision of their best medical talent and best climatic sections and conditions. On returning to this country he visited Florida and the highlands of South California and eventually made his home in Asheville, Prior to my taking charge of the case he had been under the care of Dr. Westray Battle, a native of North Carolina, a former navy officer, and one of the best men on therapeutics I ever met. Although comparisons are odious the Colonel said the American physicians were so far in advance of the Europeans that it would be like comparing the present age with the medieval or dark ages, and that our climate was equal if not superior to any in the south of France or any other part of Europe, and furthermore that if he had stuck to the home physicians and the best climatic sections of the Southern Appalachian system he felt sure he would have been healed entirely of his malady. I merely mention this case to show the high tribute an intelligent man has repeatedly paid to the climate and to the physicians of this country. During the '70's Dr. Williams, a young anaemic physician of Philadelphia, was seized with bad attacks of haemoptysis and showing all other symptoms of tubercular consumption, bid fair to be in his grave in less than six months. He left the city of brotherly love and looked for health in the ozone laden air of the Asheville skylands. Did he die? Well, he began to climb up and down these hilly streets making professional calls, and soon as strength permitted ascended the nearby pinetop ridges. New atmosphere was breathed, all of the air cells were put to work, circulation was made better, muscular fatigue brought on restful sleep and a good healthy digestion; and the last time I saw the doctor he was one of the leading physicians of the city and was about as healthy specimen of humanity you would desire to see. A living monument to the good climate and the curability of the disease.

In the early Autumn of 1890, Mr. R. aged 37, a strong able-bodied business man in a small town of Kentucky, developed tuberculosis of the larynx. As soon as the tubercular germs were discovered he was sent to Asheville. He found employment which kept him busy and in less than four months he was free from any tubercular symptoms. I will state at this juncture that in the Valley and South-western part of Virginia and East Tennessee. I have seen frequent cases who were enjoying a fair amount of health and had been living for years with only one lung. One to three of those one lung persons can be found in most any Southwest Virginia town of two thousand inhabitants. I always felt that it would be interesting to hold a post-mortem on some of those cases but I never knew one of them to die.

At Salem, Va., an acquaintance of mine and a son of Dr. Wiley of that place, while in his teens began to decline at a fearful rate, ennui, anaemia, drooping shoulders, other classical sypmtoms developed and had their culmination in an alarming haemoptysis. He slept with open windows, and milk and fresh eggs were at his bedside on a small table every night. If he wakened during the night he was to take his choice and drink one or the other or both. Night and day his eating was pushed to the point of digestive toleration. Several years later I saw Mr. Wiley and he was one of the strongest looking men of the city.

Mr. A. aged 35, small figure, non-descript complexion, an energetic business man, of tubercular family, became so reduced in flesh that he was a mere skeleton. Acute inflammatory rheumatism came on, dull areas developed in both lungs, expectoration was profuse prior and following several attacks of haemotysis. After the cure of the rheumatism and after the hemorrhages were checked I ordered him to lead a temporate existence and live in the open air. As he had been a heavy drinker he at once became a teetotaler and a temperance advocate. He went into stock-buying and to handling farm machinery—prospered physically and financially, gaining thirty-two pounds in less than two years. Twelve years of good health was followed by a second attack of acute rheumatism which yielding readily to rheumatic treatment when he left his room before all of the fever had disappeared and exposed himself unduly to the raw weather of March. He would, in defiance of all orders sit in the drizzling rain and walk up and down the streets all day without either rubber shoes or overcoat. After about two weeks of this exposure in the midst of an exciting Spring election, higher fever, swollen joints developed, and obscure symptoms pointing to severe hyperemia of the meninges with a possibility of the brain symptoms being tubercular. With good hopes for relief in the course of his treatment and for diagnostic purposes I administered several large doses of bicarbonate of potash in solution which failed to reduce the temperature proving conclusively to my mind that this brain trouble was not rheumatic but had a deeper significance. Codeine with salol would produce sleep but would not lessen the slight migraine and the high temperature. After a grave prognosis I gave ergot thinking that if it was an acute simple meningitis it would benefit him. I also remembered his past history and the presence of some sibilant and sonorous rales in the chest and thought that if it was a tubercular complication, he would die in spite of the ergot or any other medication. Two drachms of ergot in four doses at three hour intervals apparently contracted the blood-vessels of the brain, cleared up every head symptom and brought down the temperature from 103 1-2 to 99. While this ergot club was effective at its striking point it was not so in it's rebound towards the respiratory centers, for a drowning haemoptysis developed and the patient expired within twenty-four hours. This patient undoubtedly had had tubercular consumption twelve years previously and the germs had become encysted.

When the high rheumatic fever came on some of the bacilli made their escape through and by reason of the high pressured circulation into the meninges giving rise to acute tubercular meningitis. Finally the ergot contracted the brain capillaries but as is generally the case dilated those of the lungs. High arter-cicatrices of an exhausted and debilited ial pressure had reopened the old lung system.

With an experience based on nearly a quarter of a century of active practice I will say, never permit ergot or iron in a case of haemoptysis and never allow them to dwell in an altitude above twenty four hundred feet.

Sound or judicious medication, fresh

air at all times, a clear care free conscience, and common sense in diet and exercise has and will bind with fibrinous millions of tubercular colonies.

PRACTICAL ELECTRO - THERAPEUTICS.

By Theo. F. Johnson, 1409 Second Street, Perry, Iowa.

Many authors index scores of diseases, that the general practitioner may never meet in a country, or small town, or a young city. In the history of electro-therapeutics the first case of any kind we have recorded as cured by its means, is a paralized finger, treated by Kratzenstein, in 1744; and for many years after this date, the therapeutical use of the current was almost wholly confined to the treatment of paralytic diseases. In 1752 Franklin treated cases in Philadelphia. Just how our early fathers used electricity, or how much, how long, perhaps we may never know, but to them we do owe a debt of gratitude. I will aim to be most definite in detail or technique. In cases where the secretion of milk is deficient or absent, faradization of the breast is a treatment that will surprise those unacquainted with its action. Those of my readers who never have used imponderabilla in their practice will not believe me when I assert that three to six seances of ten minutes duration will remove your doubt. Only mild currents are required, apply positive pole electrode upon epigastic region, negative to a sponge disk, manipulate all on the breast except the nipple, ten minutes time for each breast, once a day. I have accomplished this feat many times for mothers who could not furnish nourishment for their infants by taking drugs, drinking beer, tea, or eating Quaker oat meal, or a lacteal syrup, etc.

I possess fifteen text books on electro-therapeutic X-rays and high frequency including over fifty-five authorities upon the various methods of its application and not one of the entire number has ever suggested high frequency for the affliction of the finger and toe nails such as onychia also onychonosus, complicated or onychogryphosis. I cured four upon my own hands, and five on other individual, never have failed in a single instance. Treatment—couple a static to a high frequency apparatus, connect one pole from the coil to copper foot-plate, other pole to a body glass vacuum electrode, place this in contact with the diseased member, either the ball of finger or toe, keep the electrode firm upon the parts manipulating all over the point and nail for about two and a half minutes, then gradually raise the electrode one half to three quarters of an inch from the part you are treating and allow the fine sparks to leap to the finger including the nail; to be sure this latter part of the treatment will produce some slight pain, but no injury unless you carry it too far this would be to vesication. This you should not do, only produce a rosy color. I treat seldom under five days and five or eight seances removes the smelling inflammitory condition and the pain disappears. The nail does not readhere, neither does the flexibility return and the brittleness and discoloration may never entirely return, but symptomatically they are all right and will improve for a period of two to six years.

Furthermore I fail to find one word of caution in reference to using galvano-cocain anesthesia, about the neck below the inferior maxillary bone, down to the clavicle. I have used it freely in minor surgery with marked success for opening abscess, boils, carbuncles, removal of encysted tumors of the scalp, face and other parts of the body. But I warn you to steer clear of the region or zone I mention. As it has proved to be the exception at least with each case that I have operated upon.

I will consider it a favor if others will

report their success or failure on this part of the anatomy.

One more for the defamation of the use of electricity in the case of pregnancy; nearly all the antiquated authors assert you surely will produce an abortion so sure as you pass any form of current through or about a gravid uterus. I desire to destroy this delusion for I have cured the very worst cases of vomiting in pregnancy, with the negative electrode inserted into the os uteri, with 10 to 15 ma. for 10 to 15 minutes. In one case a young wife had made such terrific efforts in vomiting she ruptured a blood vessel in the eye that caused total blindness, and the various doctors did their very best, and we have some of the very highest class, intellectual, broad minded, regulars, who fail with drugs, diet, exercise, fresh air, sunshine, suggestion, etc. Those are the very fellows who send you those serious cases. I now correct those so unfortunate as to be so afflicted, by galvanization of the pneumogastric, use a bifurcated cord attached to spong discs each placed in the proper position, the single end to the positive pole, the negative being placed upon the abdomen also a flexible electrode sheet lead on black tin, well covered with a thick quilted waist pad with a current strength of from 10 to 15 ma. for 10 minutes every second day; twice daily some stubborn cases may be treated.

VARIOUS TOPICS

By J. A. Burnett, M. D., Little Rock, Arkansas.

A CANCER PASTE

Take pulverized galangal root, say one ounce, then some zinc chloride liquified by heat (a few drops of water can be added to hasten the liquification) then add the pulverized galangal root to the zinc sufficient to make a paste. Spread this on a piece of cloth the size of the sore and renew it every day for three or four days. You will then notice the cancer or sore breaking loose around the healthy tissue. Then a good healing salve can be applied until the cancer drops out and the place heals. Do not attempt to remove the cancer but let it drop out.

For acute dysentry.

℞

Cupri sulph. .....gr. 1-16
Magnesii sulph. .....ʒj
Acidi sulph. dil. .....mviij
Aqua q. s. ad.....

M. Sig. This is one dose to be repeated every four hours.

The following will usually abort or cut short an attack of whooping cough:

One ounce of the sixth decimal trituration of cuprum met., 1-3 of a grain of emetine and 1-8 grain atropine. Mix triturate together. Dose 5 grains every hour and after each poroxysm of coughing.

Chronic malarial poisoning.

℞

Quininae sulphatis .....ʒj
Tinct. ferri chloridi .....ʒv
Liq. acidi arsenosi .....℥iss
Syrupi zingiberis p. s. ad. ...℥iv

Sig. Dose one teaspoonful in water after each meal.

For whooping cough.

℞

Cocus cacti pulv. .....gr. x
Potassium carb. .....gr. xx
Syr. simp. .....℥iv
Oil anisum q. s. to flavor.

M. Sig. Dose one teaspoonful every three or four hours.

Dr. W. H. Blake reports that this has not failed him in over forty years.

For cough:

℞

Ammonium chloride .....ʒiij
Tinct. opium comph. .....ʒv
Syrup prunus vir. q. s. .....℥iv

Sig. Dose one teaspoonful every four hours.

THIRTEEN UNCANNY TALES

IX—A PROFESSIONAL EXPERIMENT

By GRACE M. NORRIS, M. D.

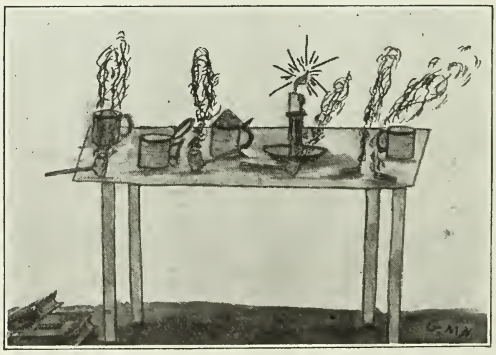
(Continued from page 347 September Recorder)

One stormy night as the city clocks were announcing the beginning of a new day, four young men were seated at a table in the room of a college dormitory. Four steins with their frothy contents sparkled before them. Three of the party were classical students, while the fourth was an alumnus, a man prominent in the medical profession, who had returned to revisit the scenes of his college days.

"By the way, boys, did you notice the woman that Dean Weisberger had with him at the reception last evening? She certainly was a winner," observed Dr. Luzerne, as he threw down a trump and picked up the trick.

"Yes," answered a student, "and I guess the Dean has been having a pretty hard pull of it. Has been sick two months, and only been up about a week, and makes me think of a corpse come back to life more than anything else."

Having finished the game, one of the students remarked that he was sleepy. "But let us try one more hand," he said, "and then this will be the last, for I must have a nap as I have class at eight." He glanced at the clock, picked up the cards and the play was resumed.



The doctor yawned. "Speaking of a corpse, did any of you ever notice a fob like this?" He handed his watch to one of the men, who carried it over to the lamp. "No, I can't say that I ever did. What in the world is it? Why, it looks to me like a bullet of a thirty-two revolver that has been fired against some hard substance."

"That's just what it is. It is somewhat of a long tale, but if you care to hear it, perhaps I will have time to tell it while the others are playing poker. May I trouble you for another cigar?" Lighting this, the doctor settled back in his chair.

"I received my A. B. degree from this college with the class of 1906. The next fall I entered a medical school and four years later found myself a full fledged M. D. My natural aptitude for pathology and post mortem work stood me in good stead, and one of my articles published in a medical magazine attracted the notice of a physician, professor of pathology in an eastern university, who offered me the position of assistant instructor. As I felt the want of some ready cash, I accepted the place with

pleasure. As a special favor, he invited me to room at his house, where I might have the use of his private laboratory and apparatus.

In a few days I was comfortably settled. The professor had a large office practice, and often called me to consultation. There was a reception room adjoining this office, and directly back of this, fronting an alley, was his laboratory. He was reputed to be quite wealthy, and his library and instruments must have cost a small fortune. In the corner of his office stood a large safe, and he found this convenient for storage of some of his finest instruments, which he had imported at a great expense. He was very careful about them, and even I was not allowed to handle them.

"At this time the doctor was engaged as an expert witness in a murder trial, and the case hung on his evidence. There was a question as to whether certain bullet wounds in the murdered man were made before or after death, and he was called to decide the point. He was looking for a corpse with the intention of shooting several holes in it, to determine the effect of bullets on dead tissue. The revolver with which the deed was done was in his possession, as he desired to use it in his experiment, that the results might be as near the real thing as possible. He brought it in one day, and asked me to clean it. I did so and replaced the three unexploded cartridges, which it contained when I received it, and then laid it on the mantle in his laboratory, as no one was ever permitted to enter the room but myself in his absence, and we left things as we wished."

"Well, a few days later a messenger handed him a soiled, mispelled note, from a man who wrote that he had a fresh stiff on hand, that had only been planted two days, and would dispose of the same for fifty dollars. This may strike you as grewsome, but for one acquainted with the inner workings of a medical institution, it is nothing strange. The letter stated that the writer would deliver the body, boxed, on the following night, if agreeable. As the doctor needed a cadaver at that particular time, he sent word to bring it on, and said that the next evening at ten o'clock would suit him."

"About a quarter of ten the next night the doctor was called to the telephone. 'This is strange,' he observed. 'Here is a call from a party across the city, who says that a baby is seriously ill with croup, and asks me to come at once. It seems as though in such an emergency they would call on someone nearer. It will take me over two hours to go and return. Well, I suppose I must go. When the body comes, set it on the dissecting table in the laboratory.' He picked up his medicine case and went out, pulling on his gloves."

It is somewhat of a long tale

"I went back to the laboratory where I was busy examining some specimens. I had been there but a few minutes when I heard a ring at the bell, and I went to the door. A rough looking individual accosted me. 'Be ye the doctor?' I replied in the affirmative, and the man remarked that the corpse was in the wagon, which I could see close to the curb."

" 'All right, bring it in,' said I and returned to the room and cleared the marble slab for its reception. In a

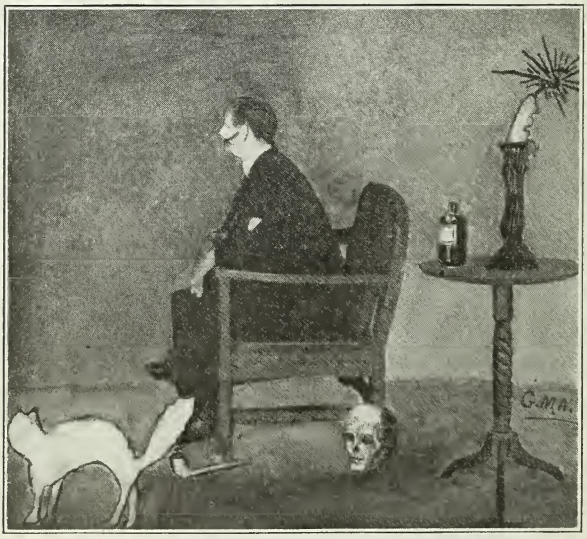
moment two men entered carrying a long, rough box between them. They set it on the floor, unscrewed the cover, and lifted out a magnificent casket. I told them where to place it and as they lifted the coffin from the floor to do so, I glanced at the silver plate and read the name, H. St. Clair Livingston, S. T. D.' After covering the casket with a sheet, I paid them and they went away.''

A tough looking individual

''As I returned to my work I stumbled and throwing out my hand to save myself, tipped over the stand on which were all my newly stained and mounted sections of tumors and morbid conditions which I was studying under the microscope. I swore inwardly, for it would take hours to replace the slides.''

''As I could do nothing else, and being tired, I decided to rest, so I filled my pipe, lit it, and sat down in a big chair beside the gate. I suppose I fell asleep, but suddenly awoke with a start. I could have sworn that I heard a cough. I looked over to the table that the casket rested on, and was it imagination, or what? The sheet was partly pushed off the head of the casket where I had left it. I rose and pulled myself together, and walked over to the table. I replaced the sheet, resumed my chair, relit my pipe and gazed into the fire.''

''I had relapsed into a dose again, when I suddenly found myself sitting bolt upright and every nerve in my entire body drawn to the highest tension. The city clock was striking the midnight hour. I listened intently. There was no mistake about it this time. There was something going on under that sheet. My ears caught a slight scraping sound, then a rattle as of an iron chain. Fairly petrified, I sat there with my eyes riveted on that coffin and unable to move a muscle. While slowly a tall, white specter rose from the coffin. It stepped to the floor, then slowly turned and faced me.



Was it imagination or what?

From the head of the thing a pair of bright eyes glistened, whose every fascination seemed to rend me helpless. Then without a sound it glided toward me. When within a few feet of my chair it stopped, and raised one arm, and I caught the gleam of a glittering knife. Instantly the spell was broken. With a bound I sprang up and seizing the revolver lying on the mantle, fired two shots at the ghost. With a shriek like that of a lost soul, the specter turned, leaped through the window, facing the alley and was gone.''

A tall, white specter

''As I stood there trembling from head to foot great drops of perspiration standing out on my forehead, my hands still clutching the smoking revolver, in walked the doctor. 'Of all the wild goose chases I ever saw. There was no such num'—he began, when he caught sight of me. 'What in the dev—', he ejaculated, too feazed to say more.''

''As soon as I could, I began to speak, and told my tale. Without a word the doctor walked over to the shattered window, and indisputable proof of my assertion. He turned and looked at the carpet. 'Blood, unless I mistake, and you must have hit him! Coming over to where I stood, he sank down into the chair and gazed into the fire for several minutes. Finally he rose. 'Have that window fixed in the morning,' he remarked, and I heard him ascend the stairs to his bed room.''

''Well, I was too nervous to even read a French novel, so I went to bed. In the morning the man came to replace the glass. On the floor near the chair he found a Cuban stiletto and imbedded in the casing of the window was one of the bullets I had fired. I kept both as souvenirs. The daggar I use as a paper knife, and the flattened lead I mounted on my watch chain. By the way, pass me a light, will you?''

Stood trembling

''But did you never find out what the thing was?'' asked a student, with great eagerness.

''Well, we found a kit of burglar's tools in the coffin, and shortly afterwards we saw a large reward offered in the daily papers for the return of the body of an Episcopal Bishop that had been stolen from the vault on the family's estate in the suburbs.''

''We returned the casket to them, but the corpse was never found. It had evidently been sold to some other party and used. The burglar had devised this plot to rob the doctor's house, and sent the false telephone message thinking the doctor would wait to receive the body, and then go to attend the call, and he would have ample time to burglarize the house. He did not know of my presence there, and I of course, spoiled his plans.''

''As the telephone office keeps a record of all the calls, a few weeks later a detective was able to locate the sender of the fake message. He proved to be an old offender. For this and former crimes, I shortly afterwards had the pleasure of seeing my apparition sentenced for fifteen years at hard labor.''

''And now, gentlemen, after the recital of this true experience of my early professional days, if you have no objections I think I will say Au Revoir.''

NAN

By Gordon G. Burdick, M. D., Chicago, Illinois

(Continued from Page 350 September Recorder)

IN THE SHADOWS.

I had drifted along quietly, attending to my practice serene in the belief that henceforth my troubles were over. Nan was making good in her new occupation and seemingly was much beloved by her mistress.

She had been at work for over a year, and had saved over sixty dollars, which was safely planted in a savings bank. I had seen her about once a week, as I had dropped in to smoke a cigar with Pap Schnieder each Saturday evening, and Nan usually came over to visit with the family after her day's work was done. Her mistress had paid her way while she took lessons at an afternoon cooking school, and she had become very expert in this line. She had great pleasure in preparing some dainty dish for us as an evening relish, and I was well content to see the intelligent way she went about it, so that it was with much misgivings when I received a peremptory call from Mrs. Schneider to come at once.

I could hardly imagine anything that would upset this jolly Dutchwoman, and could not understand just why she would forego an opportunity to play doctor herself if the chance should come, as she had more sure cures in her repertory than any other woman I ever knew. I hurried over with the conviction that something terrible must have happened, and was not disappointed, as she met me wringing her hands and sobbing as if her heart was broken.

"Go in and see Nan," she commanded. "Something terrible has happened to her. She is too hysterical to tell me what it is, but she is in bad shape."

I bounded up the stairs and found Nan lying upon her face, her hair in wild disorder and moaning in a frightful way. I gathered her up on my arm, and when she saw me she drew away suddenly, and broke out in a wild fit of weeping. To all my questioning she did not give answer, but threw herself on the bed again, hiding her face. I had never seen her in such a mood, and was at a loss to account for it, so well knowing that every storm must have an ending, I sat back and lit a cigar and smoked until she should be in a more talkative mood. It was probably an hour before she had exhausted herself, and I began to get the details of the whole miserable story.

It seems that her mistress having been called away suddenly to attend a very sick member of her family, had left the younger child in Nan's care. Everything had gone along quietly for a week, when last night the master of the house had entered the room and assaulted her. As I got the details of the hideous escapade my anger knew no bounds, and I was determined that he should pay the penalty of his misdeeds, if it took all the money I had to get justice.

I called an expert and together we collected the necessary legal evidence of an actual assault, and I went to the police station to find out the best way to start proceedings against him.

The captain was very sympathetic until he learned who was charged with the crime, when he began to dissuade me with the argument that no one would

believe it. It was only a poor working girl's word against one of our most respectable citizens, and moreover, this fellow had a drag with the political powers of the day, and he gave too much money to the machine to put over a thing like this.

"Well, Captain, I believe you mean well, but do you think a thing like this should be overlooked?"

"Well, of course it ain't nice, but it is happening every day, and I ain't going to get in wrong interfering with it. You will have to see the state's attorney. This station will not handle it for you. If you swear a warrant, we will not get service on him, as he will leave the city and it is cinch that you and the girl will be arrested for an attempt to blackmail him."

"How can he do that? No demand for money has been made on him, and none will be," I said.

"Well, that don't make any difference. There will be plenty of witnesses to prove that you did, if it comes to a show down. Now I am giving it to you straight, as you have been one of us. Take my advice and let the matter alone."

"All right, Cap. I will think about this matter, but I might tell you that you have not convincel me."

"Well, some people don't know when they get good advice," he said disgustedly, savagely knocking his pipe on the desk, "but I warned you, remember, and if you get into trouble don't blame me."

"Well, good-bye Cap, I will see you later."

I was too old a politician not to know that the captain had given me good advice, and I was shrewd enough to know that this man was one who carried a much coveted pass from the chief of police, requesting patrolmen to grant him all courtesies, which meant that no patrolman in town would arrest him even for murder if he was seen in the act. His existance would be ignored by all true policemen who valued their jobs.

Knowing these facts it was apparent that I must see the state's attorney, something I disliked to do very much, as the incumbent was known to me as one of the worst political crooks in the county, so I thought it the part of wisdom to retain an attorney who was "strong" in politics, and have him present the matter for me.

To my surprise the official seemed very sympathetic and walked like a Trojan gathering the various details of evidence together. He promised to make it warm for such people, and I was nearly disarmed by his attitude, believing that I had wronged him.

Much time was consumed in consultation and things seemed to be going our way, when I returned unexpectedly to the office, and saw the offender sitting on a chair in the outer office looking like a haunted man. In a few minutes he was called into the office and detained for an hour, when he was dismissed with a hearty hand-shake by our virtuous public official.

I slipped out quietly and told my attorney what I had seen. He scratched his head for a few minutes, and turning suddenly said, "Well, we are sold out."

"You mean that the state's attorney is fixed?" I asked.

"Just that and nothing more," he said, "and it is not the first time that business has been done over that counter. However, I will see him again and see how he acts."

We were called a number of times afterwards, and the fact impressed upon us that we were short of evidence, but that he was trying to get the evidence in another case where the same man was guilty, and that he would "get action" shortly.

"Well," remarked my attorney, "we are blocked, he is simply killing time and does not intend doing anything. He has been paid his price and will deliver the goods. It is foolishness to at-

tempt doing anything farther in the matter as he will turn the tables on you in a minute."

"That means then that the girl don't get justice, does it?"

"She will not only not get justice, but will be mighty lucky if they conclude to drop the case against her for blackmail. The slightest publicity will immediately bring down the full force of the law on her, and you, if neither one of you dare say a word against this man. The police department has furnished the information that you took her out of Madam Mindo's house and all the argument and evidence will never make anything she does right. I am sorry for you, and this fellow and others like him should be killed, but I have learned to take conditions as I find them, and not run contrary to what we can't help."

I knew this was good advice and decided to drop the matter, at least for the time being as we watched anxiously to see just how much harm had been done the girl, and as time wore on, and the thing we feared had not occurred, I became more savage as I thought about the matter, and had placed myself in his tracks a number of times, hoping to meet him on his rounds. However, his police friends kept him out of my way and it seemed that he was likely to escape all punishment, when an unexpected event occured.

I was sitting in my office smoking after a hard day's work and had about made up my mind to go to bed when my bell rang violently. I answered it in no good frame of mind and started in to give the caller a tongue thrashing, but desisted as a familiar figure slipped by me, with a "Hello old sport." I followed it into the light and recognized one of those human wrecks that was floating down the rapids of life to the certainty of a pauper's grave. He was once a man who commanded the admiration of great multitudes, a prize fighter of renown who had fallen a victim to cocaine and was now at the lowest depths. Nevertheless I took him by the hand and asked him how he was getting along, only to be told he was near his end and he didn't think he would live long, as he could not work, and he had worn out his friends, that he was of no use in the world, but was too big a coward to die. He only wanted a dose of cocaine as his hair was on end, and he was suffering the tortures of the damned.

I refused his request but offered to lock him up long enough to break him of the habit, if he was willing.

"No! Its no use Doc. I've quit several times but I can't stay quit, I get right back into the habit. I am no good, no how."

"I cannot give you the drug, Joe. I am very sorry for you, but I should never forgive myself if I should do such a thing. You were too good a man to throw yourself away this way. You remember the time you knocked out the kid at Milwaukee? Well, you were a magnificent specimen of humanity at that time, and you should be ashamed at the way you have abused yourself. Sit down and smoke a cigar with me and tell me all about yourself. He was willing and I soon was in possession of his whole miserable story, and he asked me what had become of my little girl Nan. I gave him a brief sketch of her career and told him about the injustice she had suffered, and of my inability to get justice and how I had determined it was my duty to give him a good thumping to last him the rest of his life. I told him of the many nights that I had looked for him and failed to find him."

"Is that the gasabo who used to play roulette at Quinland's?" he asked.

"It is the same party," I said.

He smoked in silence for a few minutes, looking thoughtfully and finally asked, "If you meet this fellow does it mean the morgue or the hospital."

"Oh! The latter; there would be no satisfaction in killing the scoundrel, to say nothing about the serious conse-

quences that would follow if he was killed."

We both smoked in silence for about twenty minutes when he got up suddenly and said, "Say Doc! You have befriended me many times. I will take this fellow's trail. I will locate where he spends his evenings and let you know."

"Good-night," he said hastily, "I must be going."

I placed a two dollar bill in his hand as he went out while I went back and mused in my chair until nearly morning. I forgot that I was tired and was only aroused by a thump on my door that I knew was the morning paper.

I went out and glanced over it with little interest, when my eye was attracted by the following headline, "Brutal Attack Upon A Citizen." "Mr. McLelan a prominent broker slugged in a down town alley. The victim is now at the hospital hovering between life and death. Surgeons fear a fracture of the base of the skull. The victim's teeth are all knocked out, while his body is one mass of bruises. The thugs were frightened away before they had time to rob their victim. The police are hot on the trail of the pair, and promise to have the villians behind the bars by nightfall." etc., etc.

While nothing was farther from my mind than this, I instantly knew that it never took place in any alley, no matter how low Joe had sunk, he would never hit a man without warning, and suspected that the police were not telling all they knew about the matter. I don't know how I ever got through the day. I was so nervous that I was on the edge of a rage every time I was crossed. I had taken pains to find out how badly he was hurt, and was assured that he would be all right in a few weeks and when he could get a new set of teeth.

I was not disappointed when my bell rang that night, and I had a presentment who was there before I opened the door, Sure enough Joe came in with his usual greeting, "Hello, old sport. How's tricks?"

"Tricks," I shouted, "say what the d—— made you do that job?"

"Well," he answered with a smile, "you see, it's like this. You are a friend of mine and have a reputation. You suffered an injury that cannot be satisfied at law, you could not afford to get into a row, as it would injure you. Now, what's the use of having a friend if you can't use him. I haven't got anything to lose, fighting is my game. I would rather fight than eat, so says I to myself, why not help out Doc. and have some fun at the same time. So I hunts him up, and found him at the Caraw joint. It was easy to get into a row with him over a girl, so he jumps on me, and I let him think he was licking the blazes out of me, until I thought he had fun enough, so I gave him a cross counter on the jaw, and the house fell down on him."

"How did he get into the alley, then?" I asked.

"Well, I suppose the coon butler carried him out after I left."

"Does he know you?" I asked.

"If he don't he can find out, as they know me at the house. Don't worry, he won't identify anyone. He is the only one to lose anything by the truth getting out. My girl will swear that he started the fight, and nearly licked me, when I knocked him out. Say, Doc, I certainly did trim him up to the queen's taste. He was pretty handy with his fists and I let him play a tattoo on my mug just to please him. He was game however and would gather steam as I began to retreat again. He kept following me up, however, determined to lick me or die in the attempt. Say you would have died laughing to see that last blow. It was a peach and I don't think he will ever know what hit him. Every muscle in his body gave way together, and he fell like a sack of salt. I guess it pretty much loosened every tooth in his head.

(Continued on page 385)

DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

MEDICAL THOUGHTS, FACTS, FADS AND FANCIES.

"Crafty men condemn studies, simple men advise them, (said Francis Bacon, 1561-1625.) and wise men use them; for they teach not their own use; but, that is a wisdom, won by observation. Read not to contradict and confute, nor to believe and take for granted, nor to find talk and discourse, but to weigh and consider."

The Carnegie Foundation for the advancement of teaching medical education in the United States and Canada, Bulletin Number Four is before us and as such studies and researches in reference to medicine are and have been most pleasing to us for many years, the first query that arises is this: "Why has not such a report been demanded either by our separate nations or by our universities or by the medical profession? For what reasons have not our medical journals published and denounced the many irregularities of the many commercialized medical colleges doing business in the United States? From page 169 I quote: "Do not the several states appear to do almost everything in their power to resist the production of a well trained body of physicians?" The laws of the nation denounce the unfit doctor but do not silence the unfit college, the laws of the separate states allow existence to eight osteopathic schools which fairly reek with commercialism, whose catalogues are a mass of hysterical exaggerations of curative powers and of earnings. "These schools now enroll over 1300 students, who pay $200,000 in fees annually." One fact is this, the intelligence of our M. D.'s and of the legislators of our provinces or the senates of our universities will not allow an existence to osteopathic schools in our country nor will their teachings be recognized as medical, nor will legislation ever be enacted in Canada that will place D. O's. in a class known as other than illegitimate cults. To me, and to those who take time to think, it is a disgrace to medicine and to M. D.'s that osteopathy and its followers should be named on the same page, and a careful study of the announcements of the eight colleges or schools teaching osteopathy, and disgracing the title of doctor, and a review of the bulletin number four herein named, will convince even the sluggard and easy mark, (and of such we have a few in our ranks.) While 160 medical colleges for many years existed in the United States, not more than eight of these have been, and are doing legitimate work for the profession, their students and the nation, and the one hundred and fifty-two are either doing poor work, and business, as joint stock companies, quiz grinding concerns of which Chicago, with its fifteen medical colleges, furnishes us a fine illustration, for only three medical colleges, organically connected with well endowed and highly respected state and other universities are considered as reputable or as fully satisfying the demands of the investigation of the commission. The absolute necessity to abolish or to put out of business one hundred and twenty-four medical colleges is very apparently called for, and the necessity of the state university and it alone to grant the M. D. degree to those who fully satisfy matriculation requirements of the state or such as Harvard now exacts, is evident to all and the joint stock, the commercial osteopathy school and other fly-by-night schemes will not stand the light

of scientific investigation or of tolerance even if hatched in the land of Weltmerism or the baseless Chiropractics or Eddyisms.

"The glorious future with visions of full success" with possibilities and probabilities of strict adherence to English integrity, traditions and respect for the banner profession which awaits not only our older but more especially our younger and prairie provinces must countenance but one university and that styled or to be styled provincial, which shall control and it alone, medical studies and grant the M. D. degree to those who matriculating as B. A. or B. S. shall have served five years as undergraduates in medicine. We must equal Michigan and Minnesota universities and Harvard in matriculation. Our northwestern provinces are to be the homes of many from the northern and western states, especially so from Iowa and Minnesota, whose state universities are well endowed and whose control over medicine is commendable, especially so in the case of Minnesota, whose university alone grants M. D. and it is thought Iowa will have this sole right in due time. From my deductions or conclusions and study of the bulletin, I would most urgently recommend further and careful reading of the said report, which, although very elaborate and embracing three hundred and forty-six pages can be bought for seventeen cents from the publishers, five hundred and seventy-six, Fifth Avenue, New York, N. Y.

Every American and Canadian M. D. in country, town or city practice, every examiner for our medical boards, every professor in our medical colleges, every legislator, in fact, every intelligent citizen should read the reports on medical education in the United States and Canada, the report to the Carnegie foundation for the advancement of learning, in fact, every medical journal in the United States and in Canada should give full review of the bulletin, for it is well to know where we are, or may be drifting, and if not ruled by the rudder we will be ruled by the rock. It is sad to reflect that our Dominion and the government of the U. S. or the medical profession of Canada or the United States had not done this work, which the Laird of Skibbo Castle, who knows not medicine is doing for the public good and publicly exposing the corruption and degradation of the many medical colleges, while naming but several ideal medical colleges, well endowed, and equipped, and connected with state, or provincial universities as integral parts. For confirmation of the work of the Carnegie commission one can find it by studying the reports of the American Medical Association, concerning United States medical colleges, and such reports were issued in 1908. To those who wish to study ideal requirements leading to the degree of M D., I would refer the late address of Dr. T. Clifford Albutt's and the address of Dr. George M. Gould, entitled "Vocation or Avocation."

Medical interests such as relate to the matriculation, requirements for the M. D. degree, state licenses, the origin and progress of new and inane cults, and the many faker institutions which are conducted on commercial plans to denounce and dethrone honest medicine, should be studied equally by us who have our good names to preserve, our state and provincial universities to guard in their noble work and the noble profession to which we are giving our life energy. Let us ever remember that however great advancements our profession has made, is making or may make, that iconoclasts have been and are at work and will ever attempt to overthrow our noble structure dedicated to the public health. That Weltmerism, Osteopathy, Chiropractics, or other faker cults should arise is due to our indifference, the absence of widely spread education, laxity of moral training, ignorance of legislators and in reality, a poorly educated

medical profession may be assigned as a very proper source for encouragement of the faker. "Medical education in Missouri is at the lowest" says the report and no doubt osteopathy and Weltmerism had easy births and good nourishment in Missouri. If carefully studied it will be found that osteopathy and other cheap cults flourish in states where lax medical laws are in evidence, but one fact is, that such cults and cheap and commercialized medical colleges, named in the bulletin, are doomed to early extinction, for the dear people can not be fooled any longer, nor will legislators be fooled, nor will our state universities or the public press remain silent when the public health and welfare are being considered as of first importance and necessity.

This valuable accumulation of correct statistics of conditions relating to medical education should, as I have stated, be in the possession of the public press and the public should know the condition of our schools. It is stated in the report that "the legal standard in the Dominion has not thus been high," to this I will state, that to this statement on page three hundred and twenty-six, I can not fully agree, judging from an acquaintance with the work of our colleges and such acquaintance dates from my graduation in eighteen sixty-nine. Referring to the high quality of instruction offered by McGill and Toronto to students "who enter on less than a four-year high school education, proves that our trouble in the United States has been at bottom not less one of low ideals than of low standards. And where ideals are low, there are no standards and where ideals are high, the standard, even though low, is at any rate so definite that it furnishes a sure starting point towards a clearly apprehended goal. The low standard school in the United States has had no such starting point and no such goal." To the reader of this paper I would refer the address lately given by Dr. T. Clifford Albutt, Regius Professor of Medicine, Cambridge. The title of address is "Medical Education in London", also I would refer to the reader, the address of Dr. George M. Gould, Philadelphia, entitled "Vocation or Avocation?" in which especially medical education, condition of qualifications of professors and interests peculiarly American are concerned.

In brief I think it time and advisable that medical journals should discuss professional interests, and that the public press should not do the work for us, yet the newspaper now and then, for the protection of the public from frauds, should assist, and not leave the whole work to Collier's magazine to tell us and the public what frauds exist and flourish. The American Medical Association in 1907 made a report on the situation of medical education which tells us that fifty per cent of the one hundred and sixty medical colleges are sufficiently equipped to teach modern medicine, thirty per cent are doing poor work and twenty per cent are unworthy of recognition. If the journal of this association had done more fully its work, the necessity for a bulletin of three hundred and forty-six pages would not have been necessary. As non-medical men have exposed patent medicines and told us of the unfitness of three-fourths of medical colleges, it becomes the Journal of the American Medical Association to set an example to medical journals by discontinuing the advertisements of quack and semi-quack compounds, or literature which encourages fakerism in its various forms; for many medical journal advertisements are becoming obnoxious to all ethical readers, and the literature as contributed by editors and subscribers is very often, none too classical or chaste. Will not our journals purify their pages, or will some non-medical man, a patriot, who admires purity and medical honor, arise and publicly tell the dear people and us of our indifference and of our disgrace?

"Is the goal so far away?
Far how far no tongue can say,
Let us dream our dream today."
—Tennyson.

In regard to Wisconsin medical colleges, on page three hundred and nineteen, under "general considerations," we find the two Milwaukee schools are without a redeeming feature. Minnesota, Michigan and Iowa very deservedly hold respectable places, the highest, the first named especially, as her well endowed and state university alone controls medicine and alone gives the M. D. a condition which must be followed very soon by every state and province—unless a few well endowed and long established universities exist. In Canada, we have never had joint stock colleges or "concerns" or medical colleges conducting teachings in pharmacy and dentistry, and bestowing degrees as Phm. Bach and D. D. S. No! Our medical schools are now and always have been, under full control of our universities and are holding well to the standards of the best European universities—more especially to those of Great Britain and Ireland. Even if two of our medical colleges are not of the ideal standard, according to the Carnegie reports, yet the defects are easily remedied, and no doubt will be at an early date. This report of the Foundation will put out of "business" many of your colleges in consequence of lack of endowment—some twelve schools have quit—and two, at the home of the Journal of the A. M. A., are included in the list, on whose doors is, or should be marked, "To Let."

James S. Sprague, M. D.
Perth, Ont.
Examiner College Phys. and Surg. Ont., 1903-7

HIGHER MEDICAL EDUCATION.

Education, in general, is either practical or theoretical. In medical education we have much of both. Some physicians are intensely practical, some are intensely theoretical, while others hold a happy medium between the two. No matter what our theories of medicine may be or what our theories of medical education may be the general public will always measure the medical profession and medical education by clinical results. The education that does not lead directly to success in saving life or restoring health is too often a burden to its possessor. A multitude of paths in the wilderness frequently confuses the mind of the traveler, and a multitude of medical theories tends to confuse the mind of the physician. The guide boards which we can depend upon, absolutely, in the practice of medicine can be enumerated and lucidly described in a moderate sized volume, while the current theories of medicine, senseless and otherwise, would require many large volumns for their elucidation. That a medical student of strong physique, highly endowed mentally and physically, could spend a long life in the study of medicine and its allied sciences, chemistry, physiology, bacteriology, etc., and then be a failure as a medical practitioner is only too obvious. How often has a complete knowledge of scientific facts and fine spun theories been as "sounding brass and a tinkling cymbal" at the bedside of a suffering or dying patient! How much of such knowledge would we then give for one single practical fact that would enable us to do some practical good. May it not be possible, then, that many of our ideas of medical education are inverted or reversed, and that practical results rather than an examination knowledge of siolated facts and theories is the crucial test? How much of the laboratory work in chemistry and bacteriology required of the medical student of today will ever be of any practical use to him? Not one physician in a thousand is able to maintain a laboratory even on a small scale for anything like elaborate experimental work, and if a physician has the practice he should have he will find but little or no time for elaborate experi-

ments. And what ever may be said of the bacterial origin of disease it is morally certain that hundreds of physicians will continue to be satisfied with a clinical diagnosis where one will resort to the laboratory diagnosis of disease. The very necessities of medical practice always have, and doubtless, always will, compel physicians to rely chiefly upon the clinical diagnosis, or admit that they prescribe empirically and unscientifically. The laboratory diagnosis is too often cumbersome and to wait for it would be, in many instances, a criminal loss of time. If the medical profession is of any special use to the general public it is so not because of the scientific, or ultra scientific knowledge, it may possess, but because of practical therapeutics and only as the higher college education is conducive to practical results in the every day life of the practitioner is it of material benefit to him. For the purpose of this article it is unnecessary to take into account the intellectual training which the student receives, or the psychologic influence of education on either the possessor or his patients. The thought is well illustrated by the following remark made by a young physician in friendly competition with an old practitioner: "In less than two years I have learned more of real practical value from old Dr. B— than I ever did in a year in college." And the old doctor's college education was, confessedly, very limited in comparison, but he had learned several things by experience and observation. He was also a close student of current medical literature. The field of activity for the general practitioner in the treatment of disease is very circumscribed in comparison with the whole range of medical knowledge, and while there should be colleges that seek to furnish all that is possible in the way of medical education and these colleges should be open to all who desire such an education, either for pleasure or profit, but it is eminently unfair and dishonest to make these colleges bulwarks against an honest and efficient entrance to the ranks of the medical profession. As surely as cause produces effect this dishonesty will react upon the profession; it will, of necessity, shut out much, if not all, of the sturdy blood of the yeomanry and crowd the professional ranks with the weaklings and effeminates of the rich, who, finding it unnecessary to bear the heat and burden of the day, inured to luxury, will become a reproach to any profession. Already, in many places, the public is seriously questioning as to the practical utility of regular medicine and every fool pretender finds a ready following. And it is certain that the fool pretender is no less honest than many highly educated quacks that use their education to beguile and fleece an unsuspecting public. It is certainly not too much to say that practical honesty and practical therapeutics are the two things the medical profession stands most in need of. The medical empiric, the man who tries things, and "holds fast to that which is good" is often of more use to humanity than he who is top heavy with scientific data. For instance, when a physician in a small western town discovered a method of treating typhoid fever whereby the disease could be limited to, from ten to fourteen days in nearly every instance, and frequently aborted in the incipient stage, an Eastern medical lecturer was telling his students that "You might as well try to abort a cyclone as try to abort a case of typhoid fever. It will run its course of from twenty-eight days in spite of anything you can do."

That dictum, if accepted as true, has probably resulted in the unnecessary death of several hundred typhoid fever patients. Another instance, some years ago some very scientific medical professors treated a case which puzzled them exceedingly and required a great deal of scientific juggling and guess work. The patient was not benefited thereby but was rather made worse.

After several months treatment of the most scientific (?) kind the patient was discharged as incurable. She went home to die with her parents. A country physician was called merely to give relief to some severe pains the patient was suffering from. This country doctor had no more sense than to diagnose the case as one of chronic hepatic congestion and treated it accordingly. In three months the patient was well and has remained so for twelve years. Who was the true scientist in this case? And the poor unscientific country doctor was, perhaps, unkind enough to say: "Professor Science, thou art beside thyself: much learning hath made thee mad." Innumerable instances of a very similar trend might be mentioned. None is yet infallible and the most cherished dogmas of science may still be questioned. He who would dogmatize his scientific conclusions and label them "Never to be questioned or inquired into" is a dead weight on the wheels of progress.

What the world needs most today is not more medical science but more medical commonsense. What the profession most needs is a commonsense medical college that will give its students a commonsense medical education; a college that will recognize the intellectual limitations of young men; that will discard all superfluous scientific frills and clothe the minds of its students in the common every day home-spun of therapeutics that will cure disease or restore health.

Dr. J. W. Lockhart.

St. John, Washington.

FOLLICULAR TONSILITIS

Having had such good success with a treatment for follicular tonsilitis, or streptococcal tonsilitis, pseudo-diphtheria, the kind which manifests itself with patches on the tonsils, I thought it my duty to report the remedy to The Recorder. The books give the course of this disease as about a week, with the treatment I use it gets well in two days. In grown people I use a ten per cent solution of phenol with ten per cent grain alcohol. I swab thoroughly just once. In children I use five per cent of the two remedies. If you swab more than once the inflammation generally gets worse. I also give from one to two grains of calomel followed with a saline laxative. I also give a gargle of some kind., usually two per cent boric acid solution or ten per cent H_2O.

Herman Schmidt, M. D.

Addieville, Ill.

NAN.

(Continued from page 379)

"Well, Joe," I said, "I didn't dream of your doing any such thing. In fact, I didn't think you had manhood enough left to fight a game rooster. However, as it is done I am not sorry, and if you are arrested I will see that you have the best legal talent I can get for you. In the meantime here is twenty-five dollars to get yourself a suit of clothes so you can make a better appearance. I am willing to send you to an institution and pay your expenses while there if you want to make an effort to be a man again."

"No use, Doc! There aint enough left. Good bye old pal, au revoir," he said, gaily waving his hand at me as he went out into the night.

His career was a short and stormy one thereafter. He succeeded in buying a good suit of clothes and visiting all his former friends, he claimed that he had reformed and was looking for a new start. He made many an easy dollar and spent it for his dearly loved drug, and closed his career in a blaze if fire works by licking six plain clothes policemen all at one time, and being locked up in the mad house where his life was terminated some two months afterwards in some way known only to the attendants of the institution, and as a usual thing they don't tell.

RUNDSCHAU

By H. SPEIER, M; D.
Minneapolis, Minn.

THE NEW REMEDY FOR SYPHILIS.

We all take considerable pride and satisfaction in offering to the wonderful progress of modern medicine. During the last generation such great activity has been exhibited in the fields of biology, bacteriology and pathology that within that short period medical science has been practically reconstructed. But the advances have been so far chiefly of a purely scientific and theoretical character. Not many valid practical conclusions have as yet been drawn and but few better and fewer methods of treating disease been developed out of them. Diphtheria antitoxin is really the only one which is past the stage of experiment, antistreptoccic and antitetanic serum are not yet proven beyond doubt and other new remedies, based on laboratory investigation, are even more unsettled.

But now there comes a report of the discovery of a new synthetic remedy for syphilis as the direct sequence of our recently gained knowledge of the real character of the disease. The discovery is not one of accident, but the result of painstaking, constructive scientific work and reflects the highest credit on the discoverer, the noted German scientist Ehrlich. Its scientific name is Dioxydiamidoarsenobenzol, an arsenic compound, but for brevity's sake it is usually designated as 606, its number in Ehrlich's laboratory. The effect the remedy is said to exercise is remarkable and would be almost incredible, were it not vouched for by the highest medical authorities. A single intramuscular or intravenous injection, either in an acute or a chronic case, causes disappearance of spirothetae and and manifold manifestions of syphilis to an extent which we are able to obtain only by a full year's course of mercurial treatment.

For the last few months German medical journals have brought numerous reports of experiences with the new remedy said to cover several thousand cases. They are uniformly excellent. Indeed, in describing their results these conservative, critical-minded men employ language very unusual for them. Up to the present time the remedy has not been placed into the market, but is distributed to selected leading men in Germany and outside, who have exceptional opportunities for observation. Their experiences and opinions are to determine the value of the remedy before it is given to the profession in general. So far no evil effects have been encountered, except considerable pain following intramuscular injection. The injection made directly into a vein is said to be painless, however. The remedy has been under trial too short a time to allow a determination of the full extent of its influence. Will there be need of repeated injections? Will relapses occur or will a course of treatment by 606 absolutely eradicate syphilis? Those are questions to be answered later. Professor Neisser of Breslau, writing to the Deutsche Medical Wochenschr., admits that the remedy is of truly surprising effectiveness and thinks that it has especially the power of prevention. He suggests that the use of larger doses than have been employed so far may produce even more satisfactory results. A good article on the subject written by Dr. S. J. Meltzer of New York, himself engaged in research work, can be found in the New York Medical Journal for August 20.

The entire medical world will watch eagerly for further developments. If the promises held out by present reports

are borne out by further trials and more extended investigations then medicine has scored a grand triumph. For we should then be able to control and perhaps eradicate in the course of a few generations a disease which has been one of the greatest scourges of mankind.

MEDICAL EDUCATION.

Bulletin Number Four of the Carnegie Foundation for teaching, dealing exhaustively with medical education in the United States, has created a stir. Its criticisms and conclusions have been received with approval or disapproval in proportion as they are favorable or unfavorable to certain schools or states. It makes all the difference in the world whose ox is gored. The Rundschau cannot go into a detailed consideration of the exhaustive and voluminous report. The editor does not consider himself competent to pass judgment.

Medical education in our country is in process of development out of its former elastic condition into one of stable form. The Flexner report with its unsparing criticism cannot fail to expedite the process and furnish valuable lessons. Probably it goes too far in many of its demands. We are inclined to agree with an editorial writer in the New York State Journal of Medicine who says regarding it. "Everything is focused on one plane, the plane of the laboratory and the university and nothing on either side of this plane is in focus."

That seems to us the vital defect in present medical teaching, one to which we have repeatedly called attention. The laboratory has become supreme. Unquestionably medical schools are designed primarily for the education of practitioners of medicine, not the training of investigators. Research work should take a subordinate place in the average medical school. But it is that very side of education to which nowadays too much weight is given. At a previous occasion we have quoted eminent educational authorities, American as well as European, in support of the position. The last presidential address to the Canadian Medical Association takes a similar stand. Dr. A. H. Wright of the faculty of the University of Toronto says in it. "The students of today bolt more and cram more and observe less and think less, than did those of ten to twenty years ago. They are not taught to observe so carefully the evident symptoms of disease and are becoming mere mechanics." A professor of University College, London, during a discussion of the subject by the British Medical Association said. "The work demanded of a student has practically doubled in amount, is steadily increasing. What is the result? We are trying now to get two pints into a pot that formerly held one." And recently the British Medical Journal wrote. "Biology as taught by non-medical biologists must go. All the biology a student wants can be given him in his physiological and anatomical courses and in the study of parasitology and helminthology under the pathologist. Chemistry in the future must be taught by the physiological chemist, and physics by the physiological physicist, by medical men who have gone through the whole training and know the needs and aims of practical medicine."

These opinions by practical observers as well as experienced teachers counsel simplification of medical education which threatens to become altogether too top-heavy. On the other hand we have the demand voiced by the Flexerer report and echoed by various universities and state boards for higher standards of requirements of both preliminary education and technical training. It is not easy to predict what the final outcome will be.

THE WISCONSIN MEDICAL RECORDER

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EDITOR
Janesville, Wis.

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RAMBLES IN LONDON—III.

THE BANK SQUARE.

One of the busiest thoroughfares of London is Cheapside extending from St. Paul's Cathedral to the Bank of England. The historical associations of the neighborhood are many. Many little narrow streets open off from Cheapside, with many old buildings of interest. John Bunyon and Sir Thomas More were born in this neighborhood, their birth places being pointed out to visitors. There are several interesting old churches in the vicinity designed by Christopher Wren. Old Bow Church on Cheapside is considered one of Wren's best works and has a beautiful spire 235 feet high. There is a curious blending of the modern and the medieval in this part of the city.

The bank square has the Bank of England on one side, the Royal Exchange on another, and the Lord Mayor's Mansion House on another side. Buses from all parts of the city meet here, making it a convenient center to start from for every part of London. The bank building is a one story edifice covering an area of four acres. Land in this vicinity is worth $5,000,000 an acre. The employees of the bank number 1,000.

A little off from the Bank Square is the Guild Hall, London's City Hall, and it is a place well worth visiting. In crossing the court in front of the Guild Hall one must be careful not to step on the pigeons, they are so tame and numerous. The pigeon is the sacred bird of London—their ibis. The Guild Hall contains the Great Hall, Council Chambers, Library, Museum and Art Gallery. The Great Hall is used for municipal and other public meetings. Roosevelt delivered his now famous speech in this Hall. The Hall has a handsome open timber roof, beautiful stained glass windows and a number of monuments of English celebrities. The Museum contains a collection of Roman, Saxon and medieval antiquities found in London. There are relics of Roman occupation, old inn signs, instruments of punishment, glass and metal utensils, pottery, garments, old prints and many other things of interest. The art gallery contains the work of many English artists of note, many of the paintings relating to the history of London. When you visit London, do not miss the Guild Hall as many tourists do.

MOORFIELDS EYE HOSPITAL.

To the doctor interested in eye work a great attraction in London is the Royal London Ophthalmic Hospital, familiarly known as Moorfields Eye Hospital. To reach Moorfields you take a green bus at the bank and go to City Road. The trip on top of a bus is very interesting. Among other things of interest you pass Wesley's Chapel and Wesley's house. John Wesley is buried in the grave-yard behind the chapel and in front of it is his statue. Wesley's house is used as a Wesley Museum, containing many of his belongings. Across the street is the old Bunhill Fields Cemetery, containing the tombs of John

Bunyan, Daniel Defoe, Dr. Isaac Watts, Dr. John Owen and other notables.

Moorfields Eye Hospital was founded by John Cunningham Saunders in 1804, and was originally situated in Charterhouse Square. In 1821 it was moved to Blomfield Street, Moorfields, and its work was carried on there until the 26th of August, 1899. On the 4th of September, 1899, the hospital was moved to the present building on City Road. It was the earliest special hospital for the treatment of affections of the eye established in the United Kingdom.

Of the many distinguished names on the roll of the hospital staff in the past may be mentioned: Dr. J. R. Farre, Benjamin Travers, Sir William Lawrence, Frederick Tyrell, John Dalrymple, George Critchett, Sir William Bowman, J. W. Hulke, and Soelberg Wells.

The staff of the hospital at present includes: Surgeons Wm. Lang, J. B. Lawford, E. Treacher Collins, W. T. Holmes Spicer, Percy Flemming, J. H. Fisher, Arnold Lawson, C. Devereux Marshall; Assistant Surgeons J. Herbert Parsons, Claud Worth, George Cootes, M. L. Hepburn.

The School of Ophthalmology in connection with the hospital gives a splendid course of instruction. The student may, if he desires, spend his entire time at the hospital attending clinics, lectures and laboratory work. The prices for instruction in this school are very reasonable. The hospital has in a year about 2,500 in-patients and about 50,000 out-patients. The average daily attendance of out-patients at the hospital is 400.

While visiting the London hospitals I discussed with a number of the leading ophthalmologists of London the merits of cataract extraction in capsule. The English ophthalmologists all express the opinion that it will never become the routine operation for cataract extraction. They say that the dangers of the operation and various undesirable sequelae are such that it will never supplant the regular cataract operation. Extraction in capsule is not practiced in any of the London hospitals.

Bank of England, London

Readers desiring further information regarding the hospital and school may obtain same by addressing the secretary, Robert J. Bland, Royal London Ophthalmic Hospital, City Road, E. C., London, Eng.

(To be continued.)

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books of interest to doctors. Items of literary news will furnish information on progress in the world of literature.

MEDICAL EDUCATION IN THE UNITED STATES. A Report to the Carnegie Foundation for the Advancement of Teaching. By Abraham Flexner, with an Introduction by Henry Pritchett, President of the Foundation. Pages 346. Heavy Paper. The Carnegie Foundation, 576 Fifth Ave., New York City.

This book is bulletin number four of the Carnegie Foundation, the much discussed report on medical education. As the introduction informs us the author is not a medical man but a school teacher. It would seem that a work of this kind could be done much better by a medical man. The policy of the foundation is to have fewer doctors, a very commendabe idea, and to accomplish this by fewer medical colleges and higher requirements. A high standard of medical education is desirable but it is possible to make a medical education so high the medical graduate will have a mass of scientific knowledge of little practical value. Our best men are apt to be former poor boys and if the cost of a medical education is placed so high that only the rich can attend, we shall have a medical profession inferior to what it is today. One disadvantage of having only a few large medical colleges is that too large crowds at clinics make it impossible for the majority to get near enough to obtain much practical benefit. It requires something more than a medical college to make a good physician. We have seen graduates of some of the schools which Mr. Flexner condemns who were far better physicians and more successful in every respect than the graduates of the highest class institutions.

The book is interesting reading to anyone interested in medical education. A history of medical education in this country is given and a large mass of data on medical education.

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THE ELECTRO-THERAPEUTIC GUIDE. Or a Thousand Questions Asked and Answered. By Homer Clark Bennett, M. D., Professor of Electro-Therapeutics in The National College of Electro-Therapeutics, Etc. Eighth Edition Revised and Enlarged. Pages 315, Illustrated. Cloth, Price $2.00. Published by the National College of Electro-Therapeutics, Lima, Ohio.

This is one of the text books used in the course of the National College of Electro-Therapeutics. While the book is not a complete treatise on electro-therapeutics, yet it gives a splendid, resume of the subject. Several years ago we reviewed an earlier edition of the book but we find the present volume much larger and better than the old one. Most of the work is arranged in the form of question and answers. The principles of electricity are first explained, then the various apparatus described and the practical application of electricity in the treatment of disease given.

A valuable section of the book is the electro-therapeutic index. The different diseases are arranged alphabetically and electrical treatment of each given in condensed form. This section will be found very useful for quick reference as the treatment of any disease can be quickly found.

The physician who reads this book thoroughly will be in a position to intelligently apply electricity in the treatment of disease. Many of the obscure phases of the subject are explained very clearly.

The many illustrations add much to the value of the book.

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THE TREATMENT OF EPILEPSY

By W. T. MARRS, M. D., Peoria Heights, Ill.

Foilepsy would be more often amenable to successful treatment if we would only get down to business and more fully determine the etiological factors in individual cases instead of treating the disease in a perfunctory manner with the classic nerve sedatives. We should bear in mind that epilepsy is a nervous disease without a definite anatomical basis and that its causes are many and diversified. Heredity is the strongest predisposing factor of causation. In a goodly number of those who acquire the disease before the age of twenty there is traceable to the parents or grand-parents a history of epilepsy or some form of nerve instability. The children of drunkards are especially liable to become victims of this disease and it is said that a child conceived while the father is intoxicated is prone to epilepsy. Various dyscrasias and different types of mental instability in the parents may reappear in the form of epilepsy in the offspring. If, however, epilepsy does not occur until after puberty the matter of heredity does not cut so much ice.

Masturbation and sexual excesses are supposed to cause epilepsy in a certain class of cases, although this lacks ample verification. Many epileptics are confirmed masturbators, but this degrading habit is in most cases due to a low state of cerebration which is also a basis for the epileptic condition. Masturbation may therefore be a consequence rather than a cause.

Peripheral irritation is a frequent cause. An old cicatrix in which nerve endings are impinged has frequently been found a marked factor of causation. Chronic sores or any condition that causes reflex irritation should be looked for. The writer once treated a bright young man who was a school teacher and his epileptic seizures seemed dependent upon an indolent ulcer on the leg.

Another cause is injury to the brain and this may be intracranial or extracranial. The writer some years ago observed a case of a young man who was a circus acrobat and he was a great sufferer from headaches which eventuated in epilepsy. In doing his stunt this man was accustomed to let his brother stand on his (the patient's) head and this was the only cause in evidence; no signs of osseous impingement, the trouble produced doubtless having been of a nervous or vasomotor character. At the present time I am being consulted by a young man who has persistent headaches and symptoms periodically of petit mal —momentary loss of consciousness, etc. He works in a pharmaceutical house and some two months ago a bottle fell from a shelf about twenty feet high and struck him on the head. The skull was not fractured.

Gastro-intestinal irritation, fecal impactions and auto-toxemia are factors in many cases of epilepsy in children approaching adolescence. I have cured or at least improved the most of these by free elimination and correct diet and hygiene. A filthy alimentary canal is a cause, secondary at least, more often than we think. Sexual irritation may

sometimes be a causative factor, although uterine and ovarian disease are perhaps not so much at fault in the production of this disease as gynecologists once endeavored to make us believe. Ocular defects, a tightly adherent prepuce, hooded clitoris, piles, fissures, fistulas and dozens of other irritations may have something to do with bringing about the seizures, although we so often err in hitting the right one. Often no tangible cause is in evidence but may be wholly psychic and intangible. The secret of success in the treatment is to discover what is wrong.

There are few morbid changes of a gross character found in the brain postmortem. In old cases we usually find dilated ventricles of the brain with effusion, capillary dilation in the medulla, thickening and adhesion of the cerebral membranes, and sometimes induration of the brain substance.

There is no use to discuss the theory of the pathologic process in the epileptic role. At the present time many believe that the seizure results mainly from irritation in the cortex, but it is certain that no one area or center alone is invariably involved in this affection.

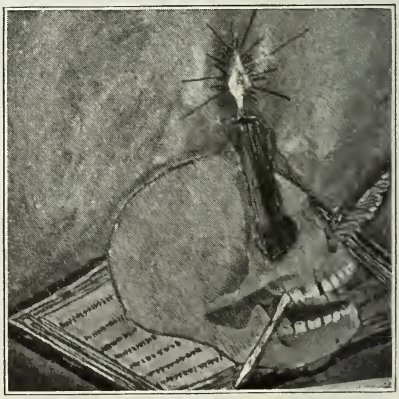
I have little to say about the treatment only to emphasize the study of the case individually, when the treatment will usually suggest itself. Combat autotoxemia and constipation and so far as possible remove every source of irritation. Largely interdict beef and pork and feed the epileptic on fruits, cereals, vegetables and milk. Nourish the patient but do not let him make a glutton of himself. Plethoric, hungry, big-bellied patients need depleting with salts, calomel and castor oil. The thin, anemic patients may require iron, olive oil and other building-up agencies. Reconstructives are often indicated, the remedy depending upon the dyscrasia or condition.

Interdict the chlorides. Teach the epileptic to eat his food without salt. The efficacy of the bromides is in a measure due to the antagonizing effects which are exerted upon the chlorides.

Every leak must be stopped and nerve force religiously conserved. Sedation must be secured. Bromides are extensively employed, although we have other dependable sedatives and which inhibit undue hyperemia of the brain with its consequent irritation. Dr. Waugh says that solanine, the alkaloid of the nettle, Solanum Carolinense, represents all the desirable qualities of the bromides with less of their undesirable properties. The dose is small, one grain representing 150 grains of potassium bromide. One of the objections to solanine is its high price. Waugh also says: "I look upon veratrine as the most valuable single remedy in epilepsy, because veratrine opens all the doors of elimination, stimulating excretion by the liver, kidneys and skin, and rendering impossible any toxin accumulation."

Calcium lactate has also recently had some employment in epilepsy. Every calmative drug has had a faithful tryout and any drug or agency which produces vasomotor regulation may be of some value. The writer has seen very gratifying results in a few cases from the old-time venesection performed about the time there are signs and symptoms which point toward a seizure.

STUDY



Drawn by Grace M. Norris, M. D.

DRUGLESS vs. DRUG DEPARTMENT

By GEORGE L. SERVOSS, M. D., Fairview, Nevada

Why is it that so much has been said, both in the medical and secular press, against the use of drugs in the treatment of disease? Has it been shown conclusively that recovery will follow in the average case, without remedial interference? Has it been shown that drugs are inactive in the correction of all pathologic conditions? Some say that certain of the specific diseases will show recovery within a certain period, regardless of medical interference. Is this true in every case of this sort? Has it not been shown that case for case, those in which drugs have been employed, and employed properly as to indications and known effect, have shown better recoveries, if not shortening of the accepted limit of time usually anticipated? In typhoid fever epidemics, those who have applied remedies of known action, have reported more recoveries, and in shorter periods of time, than have those who have followed the drugless method of treatment. The same has been true in pneumonia, and numerous other like conditions. Has not the fault found with the drug treatment of diseases, in many instances, been due to a lack of knowledge of both the specific action and application of such agents? I believe that this is one of the reasons why so many are crying out against the use of drugs. The man who employs one antipyretic agent in all cases will find that he does not always get like results, but he who employs the antipyretic indicated, varying his agents as he finds variance in symptoms or conditions, will almost invariably obtain satisfactory results. What is true of antipyretics is true of other classes of drugs. Each case, as it arises, should be treated according to the individual conditions of that one case, and not upon the theory that all cases should have absolutely like treatment. Given a case of pneumonia with high temperature, but with low pulse, normally, and no delirium, or other symptoms pointing to absorption of toxins, it is probable that aconite would act well as an antipyretic, while on the other hand, a high temperature, high pulse and delirium would indicate toxemia and the application of veratrum, either alone or in combination with aconite, and it is very probable that were aconite given alone in a case of the latter sort, the results would not be satisfactory. It has been said that the control of temperature has but little to do with the satisfactory termination of disease, and that frequently drugs given for such purpose, do more harm than good. Is this true? Is it not a fact that, with a temperature markedly above normal, means a loss of tissue, and does not a loss of tissue mean a loss of vitality? Such being the case, I believe that we should control temperature in every instance. If a pathologic condition can be carried to a satisfactory termination, and without loss of body weight, I believe that the convalescent stage will be much shorter and that the patient will be up and able to follow his vocation in much less time than would be the case were little, or no, attention paid to temperature control. Much has been said of the "expectant" mode of treatment of certain of the acute, specific diseases, but it would seem to me that too much is "expected" from such a course of procedure. I have noted that, within the past few years, very few satisfactory reports have come from those who have employed this mode, while on the other hand, those who have employed drugs to meet indications, have reported many complete recoveries. Those who have studied the actions and applications of drugs, in detail, agree that they get results and good ones, when these agents are properly applied, and I believe that those who argue against the use of drugs, do so because of the lack

of proper knowledge, and not because of the fact that the drugs are at fault at all times. The man who knows all of the peculiarities of the different drug actions, will not, as a rule, use drugs of an incompatible nature, and he usually confines himself to one or two agents at a time, knowing just what results to anticipate, while the man who does not possess such knowledge is not in a position to know just what to anticipate, and consequently he exhibits several agents and if he obtains results, is not sure which agent used was effective. In my own experience, I have seen men, accepted as authorities, prescribing and dispensing syrup of white pine compound, which is a notoriously bad mixture, in so far as compatibility is concerned. They did not get the results desired, and consequently found fault with their agent. Had they met the symptoms with one or two agents of known value, the results would have been such as anticipated. I have known men who stood high in the ranks of the pathologists, who would write for the same drugs for case after case, regardless of the conditions, and they found fault with the drugs employed, because of the fact that the results were not invariably satisfactory. These men recognized, and were able to diagnose the conditions properly, but they did not understand drugs, and their actions and applications, as well as they did pathology. The argument that drugs do more harm than good is undoubtedly true in those instances where dosage above requirement is employed, but where small, repeated doses are employed and given only to remedial effect, and that effect sustained, and not gone beyond, I do not believe that any drug gives an unfavorable action. Used in this way, the action is obtained gradually and no shock follows, as is frequently the cases when full, single, physiologic doses are administered. The minimum doses are given at frequent intervals and the effect is sustained at all times, while on the other hand, the interval between the full, physiologic doses must be considerable, and much of the sustained effect is lost because of the length of interval. This latter mode of administration, has undoubtedly had much to do with therapeutic nihilism. If a complete revolution were to take place in the dosage and administration of drugs it is very probable that much less would be advanced against their use, and it would be found that they would be employed to far greter extent than is the case at present. Today, in numerous instances, we know that the placebo is employed, when certain remedies, properly and scientifically applied, are indicated. The placebo is used simply because of the fact that the doctor has not studied and become sufficiently acquainted with the application of drugs in minimum dosage, and does not, consequently, recognize the fact that he would get better results from other than the placebo. It it my opinion, after having given the subject of materia medica and applied therapeutics several years of special study, that ignorance of drugs and drug action and application has much to do with the therapeutic nihilism that is being preached today, and I farther believe that, were the same attention given this branch of the medical science, there would be much less discussion of the drugless treatment and that drugs, as applied for the relief of pathologic conditions, would come into their own.

ELECTRO-THERAPEUTICS

By WILLIAM R. D. BLACKWOOD, M. D., Philadelphia, Pa.

(Continued from Page 367 October Recorder)

One of the most troublesome disorders that we meet is diabetes, and in many instances I have had very successful results through the use of high-frequency currents. This happened in both the saccharine and non-saccharine variety. In all cases the flow of urine was lessened, and the comfort of the sufferer was enhanced greatly. I apply the current in the general mode—one electrode at the nape of the neck, and the other all over the body, except the legs and arms, although there is no reason why the upper extremities may not be included in the applications; the legs are left alone simply because it is not so convenient to include them in the work, you might touch them up if the patient does not object, and if you are not too lazy to add the necessary manipulations. Use fairly strong currents for fifteen or twenty minutes or more if you care to do so, the more the better here. In enuresis from other causes than diabetes I have also found high-frequency good, used in the same manner. In all diabetics I give either morphia or codeia, generally the latter, and in big doses. I do not care for the universal ideas about diet, I let the patients eat anything they care for and which they can readily digest without trouble. This gluten flour business is, in my mind, simply a dodge of manufacturers, just as many diets are for the good of the grocers or pharmacists. One thing, however, I look after carefully, do not use the knife if you can possibly defer it, say in gangrene, better to wait till the line of demarcation is well established, maybe the slough will do the work itself, and if so all the better for the patient.

I have several times found strong faradic currents of good effect in appendicitis, cases where the inflammation had not gone on the actual suppuration. Maybe these were not really such, but I think they were, and others called in who are good diagnosticians thought so also. The rationale may be that the serum, or whatever the contents of the tube may have been were forced out by the muscular contractions caused by the electricity, and maybe, also, the sedative effect likewise did its work. Anyhow, as I am an opponent of indiscriminate operative work, and have had very favorable results in all my cases of appendicitis. I have never lost a patient by death, with or without operation, and I have done all my work personally; I therefore think well of the idea. Anyhow it cannot do harm beyond delay, and you must look into this phase carefully.

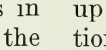
All forms of dropsy are ones in which electricity may do much good, and cannot possibly do harm, therefore try it. Faradism is here the thing, strong currents all over the abdomen, and in the edemas use the flow over the limbs also. In cardiac instances I generally apply one pole over the pneumogastrics through a divided electrode, the other generally over the abdomen with special persistence over the renal region on both sides. I have not found galvanism as efficient here as faradism, and you may either use the ordinary coil currents or the high-frequency. The latter is of course the more soothing, and some women are better satisfied when soothed than when irritated. The applications, if made by a Giessler tube or an X-ray looks better and has more in it to touch up the imagination, which is a fine point always. In all dropsies I have never found anything to approach anasarcin for general efficiency. Space wil not admit of giving particulars, but in an instance some four years ago which had defied the care of several good men which was condemned to die in a day or two, I got the man through all right, and through the man I also got nineteen

other cases which all recovered except one tavern-keeper with cirrhosis of the liver, and an unappeasable appetite for alcohol, so he went the voyage.

In one of the earlier papers I spoke of general galvanization and faradization as a tonic, and in connection with this I desire to refer to a matter which has much to do with the anemias so often encountered, tuberculosis. For some two years past we have been surfeited with papers setting forth how the authors cured this dread malady, and I have no hesitation whatever in going on record as saying that in all my time with several years supervision as medical director of a hospital which always had from ten to thirty cases of tubercular phthisis in it, I never yet saw one cured. All the oils, phenols, creasotes, etc., simply ruin the stomach and than the sufferer is done for, nutrition is knocked out. Forced feeding, with quantities of fresh air is the sine-qua-non now, but thousands of people wealthy enough to spend their days in Mentone, the Bahamas, Bermuda, and such places where these matters are in the highest amount either die there or come home and do so promptly So with Florida and the altitudes of Colorado, the same happens, although I know that some persons who went to the latter place do well so long as they stay there, but come back here and the game is up. Cases of interstitial chronic bronchitis, lobar pneumonia gone on to suppuration, with instances of broncorrhea have been pronounced phthisis, and as such are curable, then we hear great slobbers about the great cure from tuberculosis.

The late Dr. Samuel D. Gross, a grand man, always held that scrofula was syphilis, but I don't hold with this at all, I admit that it might be a development of that scourge through a transition evolution, but I do know that whatever scorfula is, electricity is immensely advantageous in its management. It aids the appetite, increases strength, hurries up new blood through general nutrition, and soon sets color in the pallid face, with renewed energy in the ability to struggle through the battle of life. Use general applications with massage two or three times weekly, with good food, and if the patient can take it without disordering the digestive tract give them olive oil, a teaspoonful at first, increasing to a wine-glassful if they can stand it, an hour after meals. Or you may get an emulsion made with pancreatin and oil, pepsin is not required. Use gum arabic or the yolk of egg to emulsify, and keep the stuff in the refrigerator to prevent spoiling.

(To be continued.)



PHYSIC IN YE OLDEN TIME

By D. L. Field, M. D., Jeffersonville, Ind.

(Continued from Page 364 October Recorder)

Some of the theories of diseases in early times, are interesting, and remarkable, in the light of the present day knowledge of symptoms and conditions. In my preceding account of the history of diabetes for instance, I mentioned some of the opinions held by the earliest investigators of the etiology of the disease; and it may not be amiss to pursue the history a little further, as well as to investigate the development of knowledge of other diseases also.

In the beginning of the second century Aractus described diabetes, and although known at such a remote period, few attempts were made, until more modern times, to investigate its nature. Willis, in 1660, brings it more prominently before the profession. More than a century later, Cowley succeeded in isolating the saccharine principle. Many theories as to etiology and pathology of this malady, have been presented and accepted for a time, but scientific researc

has shaken, or universally refuted them. Many distinguished physicians have earnestly and faithfully labored to enlighten the medical world upon this very abstruse subject, and yet we have nothing that can be regarded as clearly and satisfactorily defined. Tanner said it was so indefinite that he could not say whether the disease was of the kidneys, liver, lungs, stomach, or the nervous system. The older authors regarded it as a kidney disease. Eberle took that view of it. Bernard claimed that the pathological condition arose from the liver. Others thought it came from the lungs, while still others that it was of nervous origin. Cullen, in 1785, classed diabetes with the neuroses, and that seems to have the greatest number of followers.

Take another example, viz, pancreatic disease, Hippocrates, no where, in his works, mentions the pancreas. Vesalius, in 1500, simply regarded it as "a cushion, the use of which was to keep the stomach, when filled, from being pressed and injured by the vertebrae." Bartholin, in 1600, regarded it as the "excretory duct of the spleen." Rokitanski said that "the pancreas may be entirely absent in congenital umbilical hernia." The pancreatic duct was called the "Canal of Wirsung" from its discoverer, in 1642. Of the pancreatic secretion, but little was known till up to the middle of the 19th century. In 1828, the Academy of Paris made this a prize question, and the analyses of Tiedeman, Gmelin, Levret, and Lassainge received honorable mention, and paved the way for the discoveries later, of Cleude Bernard. He was the first to obtain pancreatic fluid from a dog, in 1848, and Meyer was the first to determine the alkalinity of the pancreatic juice. And yet, we do not know a great deal about the pancreas.

Take also, disease of the supra-renal capsule,—Addison's disease. Fifty years ago, Dr. Addison annonced to an English medical society, his discovery of the disease bearing his name. Five years later, he published his treatise entitled "the local and constitutional effects of disease of the supra-renal capsule". For a long time there was incredulity as to the existence of such a disease. While the disease is now recognized, no remedy has ever been found to cure it. The disease is a primary one, constant in its nature, and utterly incurable, so far as is now known. The variety of the disease, leaves the profession rather ignorant of its distinguishing features, and therefore no treatment at its inception, is probable, if possible. The theories, as the causes of fever, are various, and contradictory, as also are the causes of diseases. Van Helmont taught that "life in man is connected with a sort of personal spirit,—Archeus, who, from his seat in the epigastrium, presides over the functions of the body. Disease arises whenever this Archeus goes wrong, whether internal or external causes."

Silvius and Willis, supposed "the cause of disease, was fermentation in the fluids of the body." Sydenham regarded as the "immediate causes of acute diseases, were commotions, or changes in the blood and fluids of body."

Boerhave thought disease was produced by the "acridity of the humors acting on vital tissue."

Hoffman, that disease was "due to excessive or defective contraction of the tissues".

Stahl attributed everything "to soul or spirit."

Brown maintained that "life is the outcome of the action of stimuli,—as warmth and food. Sthenic diseases were due to excessive, and asthenic diseases to defective excitement." Broussais also taught that life is due to stimulation. "To live, is nothing else but to be excited. Different diseases, possess different degrees of excitability. The sum total of excitability in the body, is always the same, augmentation in one part, being balanced by diminution elsewhere."

Rasori considered "undue irritation as

the cause of most diseases.'' Hahneman held that a ''spiritual power, the vital force, animates the human body. Disease consists in a diversion of the automatic vital force into an abnormal direction.'' Traces of the old speculations are still seen in the present day medical theories. With the advent of Morgan's Pathological Anatomy in 1795. Medicine passed from speculation to scientific investigation. The discovery of the cell by Schwanki, and the publication of ''Virchow's Pathological Cellular Theory,'' explaining the morbid process as a change in the cell, gave to medicine the foundation for an exact science. ''The cell is the seat of life''. ''The cell is the fundamental unit of the organism.'' ''The organization of the higher organism consists in the differentiation of cells, and the consequent division of function''. All the activities of life arise in the cell, operating according to the universal physical law,—the conservation of energy. These activities are not self-originative, but the resultant of external stimuli acting on the particular cells. The balance may be disturbed, or in other words disturbed function, makes the difference in the activity of the cells. The balance is disturbed by excessive, perverted, or defective action of the cells. ''There are two essential elements in the causation of disease,—the internal, morphologic, and the external physical, (chemic) which are complemental''. Herbert Spencer said: ''Life is the continual adjustment of the internal to external conditions. The essential physiologic process is metabolism.''

This leads us to the theories of fever, as they were entertained in ancient times and as the theories have undergone changes from time to time, down to a late period. We read in Pliny, with what fear and trembling, the Romans endeavored to have the universal disease,—fever, appeased by their supplications in the temple of Fanum; and hence, perhaps, it is that fevers are called diseases by Hesiod; and that Horace calls all diseases as simply fevers, when they rushed out of the box of Pandora.

In malignant epidemics, patients often died in the incipiency of disease,—before febrile reaction was manifested. Nevertheless, such cases were pronounced the prevailing fevers. Congestive fevers were described by many authors, in which there was never any development of external heat or excitement of the pulse. Clauterbuck, in 1807 asserted that fever was a primary affection, and its seat was in the brain. Frank, of Vienna, attributed fever to an inflammation of the arterial system, and some of the Italian physicians extended the same idea to the inner coat of the vena porta. It had long been known that the glands of Peyer and Brunner, in the mucous coats of the small intestines, were liable to inflammation and ulceration, but it was reserved for the celebrated Louis, of the Hotel Dieu, in Paris, to discover that such a condition of these small glaudular follicles, was the true cause of the most frequent forms of grave fever—typhoid.

Eberle gives a singular cause for fever, i. e. ''from a careful analysis of the phenomena of fever, it would appear that although the sanguiferous system, generally, is prominently disordered in fever, yet the essential febrile excitement, is especially located in capillary system of blood-vessels. Fever cannot exist without capillary irritation, or derangement of the secretory and excretory functions. So long as the capillary functions remain free from morbid excitement of the secretory and excretory tinue to be performed in a healthy manner, no increased action of the heart, and arteries can constitute fever, but only an over-excited state of these organs, which will subside when the exciting cause is removed. A person who is thrown into a violent gust of passion, experiences vehement action of the heart and arteries, but unless the capillary vessels are brought into a state of morbid excitement, it will not be fever; but simple

super-excitement''. What more lucid definition would you want?

Dr. Rush divided fevers into ''original types, or degrees; First, high inflammatory; second, intermediate; third, low malignant state. He enumerated thirty-five causes of fever and they all change their type from the highest to the lowest grade. He had them from the highest inflammatory, to the lowest typhus.

Cullen said, ''The proximate cause of fever is debility. The remote causes are contagion, putrid effluvia from sick persons, decayed vegetables, or animal substances. Marsh miasmata, atmospheric states such as cold, fear, grief, strong passions, or whatever exhausts the system, and produces debility''. He states, that the ''increased action of the heart and arteries, which takes place in fever, is the effect of the vis medicatrix, to expel the disease. Nature concentrates her powers to that formidable resistance against as enemy, which is displayed in strong paroxisms of fever.'' The system being thus charged with poisonous material, the system assumes a hostile attitude, and that attitude constitutes fever.'' The theory of the ancients, and those of the earlier part of the 19th century, are very similar. One celebrated author said that ''Candor induced him to say, that it was very doubtful whether theory and treatment of fever was any improvement over the theory of Hippocrates. They bleed for congestive cases, bled and purged with mercury for inflammatory fevers, and stimulated in low fevers. Too often the mercury was carried to destructive salivation. Dr. Harvey said: ''What unaccountable perversity is in our frame, that we set ourselves against everything now? Can it be that after the space of so many hundreds of years of experience, not one single medicine has been detected, that has the least force, directly, to prevent, to oppose, or to expel a continued fever? And should anyone, by a more sedulous observation, make the least step towards the discovery of such remedies,—hatred and envy would swell against him like a legion of devils.''

The idea that fever was an expression of disease, and not the disease itself, led to all kinds of errors, and what was infinitely worse, to all kinds of practices.

To us, in these latter times, the theories and practices, with their almost fatal consequences, have been confessed by every condid, honest man, from Hippocrates down to Rush. Even Rush, exclaimed: ''I am here insensibly led to make an apology, for the instability of the theories, and practice of physic. And those physicians generally become the most eminent, who have the soonest emancipated themselves from the tyranny of the schools of physic. Our want of success, is occasioned by the following causes: First, our ignorance of the disease: Second, our ignorance of a suitable remedy: Third, want of efficacy in the remedy. Dissections daily convince us of our ignorance of the seats of disease, and cause us to blush at our prescriptions. What mischief have we done under the belief of false facts, and false theories? We have assisted in multiplying diseases, we have done more,—we have increased their mortality. I will not pause to beg pardon of the faculty, for acknowledging in this public manner, the weakness of our profession. I am pursuing truth, and am indifferent whither I am led, if only she is my leader.'' (See his works, page 79). Dr. Rush always firmly maintained that ''no disease was in itself incurable, the failure constantly arose from mismanagement, or imperfections in practice.'' That statement expressed some truth, but many diseases are incurable, even in the light of all the knowledge of the profession of this day. Moreover, the causes of many diseases are shrouded in almost as much mystery now, as was the case a hundred years ago. When the science of medicine can do great things in the way of prevention of grave and fatal maladies, instead of expending all

its knowledge and skill in treating such ills, then it will accomplish wonderful results for the good of humanity. The coming physicians must devote their talents to study and research, that they may know more definite and reliable facts as to the causation of disease. The great mass of physicians don't aspire to advance in research, to investigate, to study etiology from their own efforts, but they drift along, and accept the theories of hygone times, and treat the sick with the same old remedies, and in the same old way, with the same old results, as were the practice many years ago. Let us advance, delve, dig, and search out the causes of disease, so that we may better enlighten our brethren, and inform and warn the people as to the best means of prevention. It seems hard to say it, but the medical profession as a profession, is not making the strides onward, and upward toward exactness in the science, that it should and it is humiliating fact, that the profession as a whole is not advancing at all. True, great discoveries have been made in the last twenty years, that have revolutionized theories and practices, but we owe such discoveries to but few, and they were profound students, and laborious investigators. The great mass of medical men today, are not studious, don't read text books, nor half read current medical journals. They don't know what is going on.

(To be continued.)

PRENATAL INFLUENCE AND POST NATAL SUGGESTION

By C. E. BELCHER, M. D., Leetonia, Pa.

These suggestions earnestly, lovingly, persistently applied, will mould the little one into a being more perfect physically, mentally, and soulfully; tend to obliterate the degenerate "type", and strengthen, beautify and ennoble the "sublimal soul part," breeding and rearing, often of degeneracy, a higher, more perfect being. (Had I my way degenerates would not be allowed to breed).

I once saw a mother, in anger to a point of hysteria, heated by emotion, to a desire to murder her husband, suckle her five days old child and kill it. That same awful mental, and psychological state controlling the physical, would, ten days previously have killed the child, or would have ruined it in utero, (better have killed it).

This is but an instance of the many, not so fraught with disaster perhaps, but on the same lines, coming under my observation, and many of our profession have known of, and learned of like phenomena, which leads me to write: Stop banking so highly and entirely on pills, plasters and drugs, reach out and in, and treat the soul, that God-part which should control, but so seldom does. Teach that mother that she has a Heaven sent mission, teach her that for nine months she will hold next her heart, an unborn cherub, or may be a beast; teach her to know, and to fervently believe, that in her own soul power, she has the destiny of a human life, an unfurled human soul; teach that mother that violent emotion is not only a source of danger to her own being, but to her coming progeny; teach her that quiet happiness on her part is a necessity; that there is beauty in the world, sufficient to obliterate for the time all the unpleasantness of life; that it is her duty now, as never before to care for self in every way which would lead to health and vigor of body, and of mind; that the whole force of her sublimal self should be concentrated in an effort to see, hear and know all that is light, bright and happy, and to discard for this period, if not forever, all that might darken, and

all that might mar her happiness and life. Let her read the following until she will believe in, and act upon them.

Talk happiness, the world is sad enough
Without your woes, no path is wholly rough,
Look for the places that are smooth, and clear
And speak of those to rest the weary ear
Of earth so hurt by one continuous strain
Of human discontent and grief and pain.
Talk Faith, the world is better off without
Your morbid ignorance, and morbid doubt.
If you have faith in God, or man, or self,
Say so;
If not push back upon the shelf of silence
All your thoughts,
Till Faith shall come,
No one will grieve because your lips are dumb.

Here let me advise that you inform the husband, that he has a place, and to keep it. Inform him of all the wife has been taught, and see to it that he will promise, at least for this time to keep it; to care for, to nurture with loving and well timed kindness, and render her life one of happy contentment. Teach him that she will in pain bring a better, sweeter, stronger little one if he smoothes her way, brightens her path, makes happy her home, and (listen) does that, only which she desires. (It is my wish that this part of this article be read between the lines). Should the "jungle lust" manifest itself under earlier circumstances, and conditions, all right; but not at the time in question, it's worse than adultery, to worry now; there is more debauchery many times in the so called sanctity of the home, than often in adultery. Physicians know this and should preach it, many preachers know it, and forget to preach it. Well so goes the world, I am now preaching it, and there is not a physician who has not along with his profession, "been called to preach" who would not preach it.

Teach this mother wife to never think of this developing little one, except with love, not longing expectant love, just sublime mother love, and thought, is all she should admit of. God will care for it through natures laws. Teach her never to worry, never to fret, and that the easy quiet, mental, physical, soulful state, is the only proper one. God's infinite law will suffice,—will do the rest,—and that as she exalts herself, she will exalt her offspring, through psychological, and phyiological law, which is that of the "Pater". Always bear in mind that all this is but a natural act; that nature needs natural quiet, and but little meddling with at the hands of men and women.

Just as important is the mother's soulful, mental and physical state, after the pains of her accouchment are over. The little babe should be treated as a product of Nature, not as a doll or plaything, it will laugh in proper time, don't force it. It will walk after creeping, she need not teach it. In due course of time it will begin to articulate, for its future's sake don't "cram" it. Kissing and fondling may well be deferred, the little one does not appreciate either, and at times they do harm, continually exhibiting it to kindly neighbors, and friends is not only unnecessary, but consummately wrong. "The sweet little thing" needs rest, quiet, loving care, but let it stop at that. Chop the rockers off that heirloom cradle, no child needs it; many have been rocked to Heaven; the habit of rocking is a most pernicious one; a soft downy pillow, a downey bed, and the mother's faithful arms while feeding, are the only resting places it should be allowed, until sufficiently strong to make the floor a play ground. Regular feeding is absolutely a necessity, but never give it a breast under which rankles spite, hate, anger, or any emotion other than love,

and affection, better feed it slops. This quiet life will fit it, and mould it into that calm, receptive state where "suggestion" will become an accepted part of its daily life, and as the delicate brain begins to unfold and develop, and understanding of external sounds, and sights come, then will develop the powerful influence of that mother's life upon the responding soul of her loved one.

During natural sleep will be found the most opportune moment to impress upon that plastic brain, and growing soul thoughts, pure, and good, by verbal expression and suggestion of the mother, given in quiet, loving fervent impressive speech. Natural sleep floats one into the same receptive state, as does hypnotic sleep. They are to all intents and purposes the same, simply different in degree, one natural, the other induced, the receptive condition is there, in either case, and suggestion will hold sway.

Thus while the little one is soundly sleepng, the mother using such language as understood by the child while awake, may calmly, softly suggest, "that habits which are wrong should be righted," "that the soul power of the little subject is sufficiently strong to resist all temptation to wrong doing," from time to time naming these wrongs, and these temptations. Suggestions that indecorous conduct should at all times be avoided, explaining these to the little one, instilling into that developing soul the idea of proper conduct, and a scorn for the improprieties of the young, and a pride which will elevate the thoughts, and acts of the little one. Begin this early, and continue it to youth, or later if best, bearing in mind that precept, and example go a great way with one in the normal waking state, but that during a normal sleep all strain is off, and the receptive state is on, thus will come supervenient strength, and adduce soul power to the child, even being done surreptitiously, but "post hypnotic suggestions" will mould and sway this little young soul, and make its future. No chimera this, an accepted scientific fact, and worthy the devoted time of a devoted mother, and one which will rebound, if used, to the wellfare of the child, and the whole future happiness of the fond parent.

Thus our duty goes far beyond the deftly handled knife, or even the skillful administration of drugs. We should take the soul part of our clientage into fervent consideration, and our duty is not done until we teach the parent, the potent power of prenatal influence, and post natal scientific suggestion.

VARIOUS TOPICS

By J. A. Burnett, M. D., Little Rock, Arkansas.

In anorexia this is of value.

℞

Tinct. nux vomica .....ʒv
Tinct. gentiana comp.
Tinct. cinchona comp. a a..ʒxxss

M. Sig. Dose one teaspoonful in a little water half an hour before each meal. If there is constipation add cascara.

A good stomachic especially in alcoholism:

℞

Tinct. nux vomica .....ʒvj
Tinct. capsicum .....ʒi
Ac. hydrochloric dil. .....ʒiv
Tinct. gentiana comp. q. s. ..℥iij

Sig. Dose one teaspoonful in water before meals.

For influenza (diaphoretic).

℞

Pilocarpine hydrochloride
Morphine sulphate ....a a gr. ss
Aqua pura .....℥iij

M. Sig. Dose one teaspoonful every fifteen minutes.

The pure oil of cinnamon in ten to fifteen drop doses every three to four hours is said to be specific for la grippe.

THIRTEEN UNCANNY TALES

X—A PROFESSIONAL EXPERIMENT

By GRACE M. NORRIS, M. D.

(Continued from page 347 September Recorder)

A late hour found me still in my study, my eyes almost blind with the study of a new medical volume, when the night bell was rung violently. It was November and extremely cold, and I confess I grumbled as I arose and went down to open the door, hoping that I had not been interrupted that night ta attend to matters pertaining to medicine, but after fifteen years of experience in the healing art I should have been accustomed to such sudden and mysterious summons.

The bell never ceased its clamor, and whoever had their hand on the bell was absolutely determined that I should hear, for the ringing was perpetual. Never-the-less, I was considerate, and I humbly opened the door. A woman stood there on the steps. I caught but a glimpse of her face, as the night was cloudy and the mid-autumn wind blew her clothing violently about her form, and I could ascertain from the display of her person that she was scantily supplied with raiment, and crusty old bachelor that I was, I felt somewhat chagrined and mortified at the shocking display of feminine toilet mysteries before my door, on Fifth Avenue.

In my study

"Come in, come in, please," I said hastily, for the autumn seemed to catch eagerly at the opportunity of making itself at home in my hall, and was rapidly forcing an entrance through the half open door. "Come in, you can tell me all you have to communicate, inside".

She stepped in like a ghost, and I closed the door. While I was striking a match in the hall to light the way, I could hear her teeth rattling and clicking, out in that dark hall, till it seemed as if some skeleton was chattering. She followed me up the long stairs and entered the room, and without occupying myself particularly about her appearance, I asked her abruptly what her business was.

A voice, agitated, thick of utterance, whose accents and words suggested the motions of a person laboring under great excitement or distress of mind, said:

"I am so frightened, so upset, I can hardly tell you—its my—my—about Mr. Godfrey".

There was something familiar to me in the face and in the voice, and yet I did not recognize my strange visitor either by accent or features. I spoke again. "Please compose yourself and

tell me all about it."

She made a strenuous effore to assert herself. The muscles of her face twitched and she swallowed two or three times before she could speak.

"Oh doctor, I— I don't know," she said at last. "Its— I don't know what it is. I've been frightened. Oh!" She lifted one hand and passed it rapidly across her eyes and forehead. The action seemed to denote two desires, one, to shut some picture away from sight; the other, to wipe some thought out of her mind.

I made no reply to what she said. I stepped into the next room, procured an easy chair and forced her to sit down, then gave her a stiff dose of sherry. Her teeth chattered against the rim of the glass.

"Now, then, young woman what is it?" I asked after I had watched her attentively for some minutes and seen that she was recovering her self command. "Drink off the rest of the sherry and tell me about it. You're better now, compose yourself."

She set down the empty glass with a hand that was much steadier than it had been five minutes before, and her brows knitted in a palpable effort to think and speak clearly.

"Take your time, Madam," I said. "Try to be clear."

While she waited, evidently following my advice to get a clear notion of what she wanted to say, I noticed that as I said before she was somewhat unceremoniously clothed. That is to say, what ever place she had sprung from, she had quitted her quarters in her night clothes, over which she had drawn a rain coat, her shoes were not buttoned, and she wore no stockings. Her hair was disorderly and she had come without a veil or hat. She looked, indeed as any person might look who had been called out of bed in the middle of the night by an unwarranted sound and gone out for help.

Perhaps it was burglars or a brother with delirium tremens, but no woman could have shown more signs of fear at the prospects of these conditions than the girl showed in her face when I admitted her to my home. Then fumbling in her pocket she handed me a card; I read the engraving, it was a name that was familiar, or at least it had been some twenty years back; it was the name of a former classmate in my junior year at the university. He had been a close friend and companion of mine, but had married young and on account of a fortune left him by his uncle at the end of his freshman year, gave up his medical course and devoted his time to looking after the interests of his great estate, which was situated some twenty miles from my location. We had corresponded for a while, but press of business and other matters caused us to neglect each other though I cherished the highest regard for Anton Bartols still. I heard occasionally of him; he was a widower with an only child, a charming young woman from hearsay, and this evidently was the daughter.

Arose and got a light

Miss Bartols had recovered sufficiently and seemed ready to give me a little cue to her disturbed condition, and the cause of her great mental agitation. She gave me the introductory briefly; her father was confined to the house with a rheumatic attack, and it was necessary for him to draw a sum of several thousand dollars from the bank in order to pay certain bills for the year in connection with the property. She was about to form an alliance with a young lawyer, poor, but from an old honored

family, and the nuptials were to take place the last of the month. Her father scarcely approved of the marriage, but at length reluctantly gave his consent, with the clause that his daughter should not leave home, and that her future husband, Earl Godfrey open an office near their estate. The principal objection had been the comparative poverty of the young man and some rumors of escapades in which his wild oats had been sown. These were past leaves in the volume of his life and she could not discard this man for a few errors of youth. The father needed the money on a particular day, Tuesday, and on his daughter's advice had allowed the lawyer to go to the bank on Monday and draw the amount. The lawyer had some business of minor importance and would be obliged to spend the night in town. His client was boarding at a summer hotel, situated on the Hudson some ten miles out of the city. The proprietor made a specialty of keeping summer guests and had every equipment and convenience for them. During the past winter he had erected an unique building, made after a famous old inn in England. To carry out the idea completely, the servants were dressed in typical English style. He had fitted the rooms up in colonial style, fire places, mantels with brass candle sticks, old fashioned beds, counterpanes of ye ancient days, sets of dishes of revolutionary time, and all equipments necessary for the place. The building would accomodate some hundred people and was called "Black Cat Inn". The head of a monstrous cat surmounted the sign and the whole arrangement had made the place a resort for sight seeing, as well as utility.

The Black Cat Inn

Miss Bartols had received a letter from the lawyer written on the unique stationery of the Black Cat Inn, saying the party would be there early in the morning, and would transact his business with all possible haste, so as not to disappoint her father and would be at her home at 8 A. M. sharp. He had drawn the money and had it with him. Then he jokingly added that there had been a rush of tourists and rooms filled to overflowing and that he had taken the only vacant one, the number of which would make her superstitions arise as it was 13. He then had wound up his remarks with a little personal postscript and signed the date and the hour and must have dropped it in the mail box when he went to supper.

Miss Bartols said: "On Monday night I retired at an early hour and I slept quite calmly. About midnight I awoke suddenly, with a terrible consciousness that Earl was in deadly peril. I was conscious of a feeling that he was calling me. There was no outward sound—it was an inward call—a perpetual sense of his necessity for help, more forcible than words. The feeling was so strong that I arose and got a light. It was not his voice, no he did not summon me with his actual voice, but his mental self, his soul, if you so like to phase it, called to me insistently. It was a brief, agonizing call; then I felt a choking sensation, a sort of constriction, then all was over. I felt nothing more and the rest was utter silence, blackness. I was so alarmed that I wished to wire Earl, but my father who was aware of my feeling objected so strongly and it was so inconvenient that I gave up the idea of sending a servant to the station with a communication for the agent".

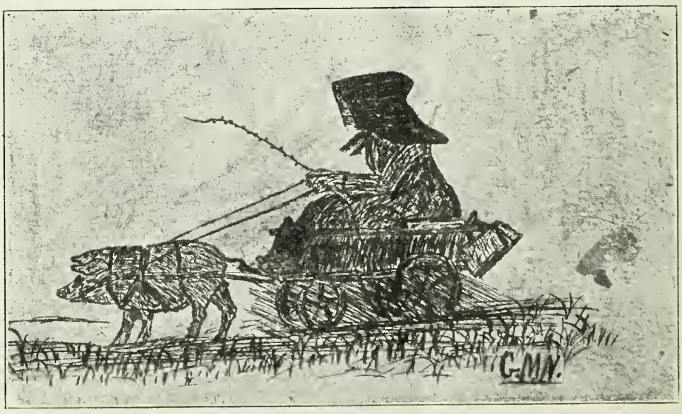
"I could not sleep; I was restless and nervous all night and as soon as daybreak came I sent him a mes-

sage but received no reply. The hour he had appointed to meet us came and passed. I was undecided what to do, and while I hesitated, a man called on father on a business matter and incidentally told him he saw Godfrey boarding a train. Father being still ill and irritable at once jumped at conclusions, and was positive that Earl had embezzled the money and escaped to a foreign country. Then I questioned the man and under criticel interrogation admitted he was not positive, as he did not see the man in the face, but his clothes and general appearance made him think it Earl Godfrey."

"I called up the proprietor of the Black Cat Inn, and asked if Earl was there and if he had received my message. The party assured me that Mr. Godfrey was there, still retained his room, had gone out on business early in the morning and had not returned, unavoidably delayed he ventured to say; they expected him back every minute, and as soon as he came he would see that the telegram was delivered to him, in fact would attend to the matter himself. This sort of reassured father and me. Wednesday morning came and afternoon and still Earl did not come, and I dreaded to delay matters any longer as I was positive something serious had happened to Earl. My father had uttered the old and frequent sentence of 'I told you so,' but my disturbed state caused him to delay further accusations, so towards three o'clock I prepared for the trip and started for the city, went to the Black Cat Inn and called the manager and asked him if Mr. Godfrey was there. He informed me that he was somewhere in the vicinity, as he had taken a room and had business to transact with a guest at a near-by cottage and he presumed the two were out somewhere as Godfrey's possessions were still in his room where he had left them when he went to look up the party. He advised me to take a room and await his return, and was cheery about the matter and this dispelled my gloom. I registered and was assigned by the courtesy of the manager a room across from 13, so I could hear and see Mr. Godfrey as soon as he returned. I ate supper, as the old fashioned menu card designated the meal, and then asked permission to look into 13. So in company with the manager I went in number 13".

(To be continued.)

PRACTICING MEDICINE UNDER DIFFICULTIES



Drawn by Grace M. Norris, M. D.

NAN

By Gordon G. Burdick, M. D., Chicago, Illinois

(Continued from Page 385 October Recorder)

NAN'S MARRIAGE.

I had been in a peculiar mental state since the injury to Nan. I had dreaded to again send her out into the world to make her living, and had encouraged her to stay with good Mother Schneider and help her in the restaurant part of their family saloon, and having youth she soon got over her sense of injury and became as gay as ever, and won Mother Schneider's heart by her willingness to help. I had gone on in the monotonous way of physicians, always trying to do my duty as I saw it, but with the ceaseless grind night and day that robs so many of our profession of their charming personality and makes an automaton of them.

It was a very cold night that I had been called out of my warm bed to act the part of the stork, and when my duties were over, I had the prospect of a two-mile walk in the cold, as the cars had stopped running, and as I passed Schneider's place I saw that for some reason he was still open, and that business was booming, so I turned in, determined to get a bowl of his famous soup. It was said of Pop Schneider that if you gave him a domino and plenty of room to shrug his shoulders that he would turn out a creation that would hypnotize a king, a truism that was spread by his friends the travelling men, from ocean to ocean, and a visit to our great city was not complete to many without eating a bowl of his justly celebrated soup.

It was while eating my portion quietly that I saw Nan, without being seen myself, stepping quietly about waiting on a large crowd of young Germans who seemed bound to enjoy themselves to the limit. She was flushed, and sparkled with repartee as she passed among the tables. I was rather amused to see the way she held her own with the fresh young men who were present, and determined to badger a pretty girl all they dared. I noticed, however, that she seemed to favor one particular one considerably and was constrained to put her hands on his shoulders and head many times unnecessarily as it seemed to me. I noticed a mental telepathy that seemed to rivet their attention. He followed her with his eyes all over the room, and it was clear that all she saw, was him.

All at once a wrestling match started in the other room between two young bloods and the whole crowd rushed in to see the fun, except Nan and the young man. He, quick as a flash, pulled her on his lap and grabbing her in his arms hugged and kissed her. It all happened so suddenly that I was startled and was over there quick as a flash, with my arm drawn back ready to give punishment to the audacious rascal. Nan squealed when she saw me, struggled loose and throwing her arms around my neck, hung on for dear life.

I didn't realize just why she was so glad to see me for a minute, but saw that her efforts were directed towards keeping my left arm helpless and she said to the astonished young man, "Run, Emil, while you have the chance."

Emil, however, was not the kind to run, but doubled up his fists and began to advance on us, seeing which Nan

said, "No, no, Emil, keep back, you don't understand."

By that time I had separated myself gently but firmly from her grasp, and asked, "Well, young people, what does this all mean?"

Nan hung her head and did not answer. Not so Emil, he advanced like a young cock and wanted to know what business I had to meddle with their affairs. I couldn't help admiring his nerve, and looked at him with amusement, as I realized his helplessness to do me any danger.

If he didn't realize his danger, Nan did and was between us in a flash, pleading with us to come into the other room and she would explain. We both went in with an armed truce and stood in silence as Nan lighted the gas and motioned us to a seat on each side of the table, and as we took our seats Nan stood before us blushing furiously and at last began. "It's all right, Doc. It's all right, Emil, you are both my friends and don't understand. The doctor has been a father to me for six years, Emil, and—and, Doctor, Emil is my lover and I am to marry him in the Spring."

"Is that right, young man?" I asked turning to him suddenly.

"Yes," he answered sullenly, "whose business is it?"

"Well, it seems that I should have something to say about the matter, and I intend to have it. Are your intentions on the square?" I asked, advancing upon him with Nan holding my coat tails.

"Absolutely so," he said.

"Well, in that case here is my hand on it under one condition. I am going out to guard this door for three minutes and if you don't kiss her so hard that she won't know her own name, in those three minutes I won't give my consent. Is it a go, I asked?"

He looked so astonished that I was afraid he would faint, and he failed to grasp the full significance of the statement at first. Not so Nan, she flew to my arms and hugged and kissed me until I thought I would have to ask him to guard the door. She was so joyous that she rushed us together and insisted on his shaking hands then and there.

It was clear to me that he did not take in all the details as I passed out, telling them to remember the conditions, but it was clear that he was not slow in taking advantage of the opportunity as soon as the door closed, judging from the disorder of Nan's hair as they slowly came out of the room. He joined me at the table and we soon became fast friends.

I gradually got the details of their romance as I learned that he was a nephew of Schneider and that out of sympathy, he as well as I had spent many a night trying to get an opportunity to punish the wretch that had wronged her.

I was not sorry he did not find him, as he was no match for the man and probably would have been seriously hurt.

It would be hard to realize the relief that I felt at the situation, as I had many gloomy forebodings as to the future of Nan, and I was exceedingly grateful to the honest young man who had slipped in and solved a knotty problem for me. We sat and talked over the future, as the crowd gradually thinned out, while Nan joined us as her duties ceased, and it was in the early morning hours that I left, with a lighter heart than I had borne for a number of months.

I began to plan so that the young people could solve their severe economic problem, and get the knot tied without discounting the future too much. The young gentleman was a thoroughly trained German machinist who had not succeeded well in this country owing to his defective knowledge of English. His methods of work were too thorough for the average American manufacturing company at that time, and it made my task much harder trying to get him placed in a suitable position.

I got him several positions which he soon lost, because he was considered slow,

but at last secured him a place as chief tool maker for a distinguished manufacturer in Detroit, who was wise enough to know a good thing when he found it.

The position commanded a good salary, and I insisted on the young couple having an early marriage and with the help of Pop Schneider we planned a good wedding and supper for them.

Everything passed off pleasantly with the exception of some horse play by Emil's friends. These young bloods succeeded in placarding the trunk with signs and baby ribbons, and they were at the train with plenty of rice to make things interesting.

I gave a sigh of relief when I realized that I had discharged my trust, and that hereafter it was some other fellow that would have to do the worrying.

I settled down to the legitimate work of my profession, being pleased from time to time to receive a letter from Nan, telling me how happy she was and what a truly wonderful man Emil was proving himself to be, and was cheered to know that he was surely making good, having been promoted to foreman within one year. Gradually the letters were farther apart and ceased for a few months, when I received one full of joy of womanhood, telling me about the expected visit of the stork, and asking many questions that occur to the inexperienced woman, as she lives in a joyous dread of the expected event.

I answered to the best of my ability and advised her to secure some safe, physician who had made a record at this work.

I was naturally apprehensive and wishing that the event was over, when I received a letter telling me that she was going to the hospital so as to receive better attention, as she and Emil had concluded that would be the better to do.

I was fearful of trouble and wrote her not to go to the hospital under any condition, but to secure a physician at home. My letter was too late, and I did not hear more from her again for six weeks, when I received a letter miserably written and in hand-writing that I could not recognize.

It gave many of the details of a trying time, to be followed by inflammation that had nearly caused her death. She had lost her baby, a violent inflammation of the eyes with her inability to nurse him had been too much for the feeble life and it went out.

I gnashed by teeth as I recognized our old friend, Epidemic Gonorrhea, that is rampant in the woman's and children's wards of many hospitals in the world, the result of over-worked and underpaid nurses, and niggerly economy that is practiced in these places. I had many times seen the poor mother and child turned out of these places with the earmarks of a disease that meant the operating room for one and impoverished health for the other, and no compensation in law for the poor sufferer from someone's criminal negligence.

I was wild with apprehension and at last made a trip to see Nan and while she was hardly convalescent at the time, I insisted that Emil take her out of the place and put her in her home where intelligent treatment could be given her, and I hunted up a local physician who impressed me with his honesty and had him assume charge.

Nan began to recover rapidly, and was soon able to be around again, and attend her housework. She had not regained her spirits however, and her letters to me breathed an air of melancholy that I did not like, and I spent much time trying to get her to look on the cheerful side of things, but with little success, when an event happened that changed the whole course of her life.

An accident happened at the factory, a piece of work became entangled in a belt and ripped out the counter shaft, one of the large pulleys was hurled to the side, catching Emil on the back of the head. He was picked up unconscious, and hurried to the hospital, where he lay for several days before realizing

where he was. The surgeon claimed that no fracture of the skull was found, and held out hope of an ultimate recovery. The accident happened at a very unfavorable time, owing to the fact that he had just paid a hospital and physician bill of $350.00 for the dubious privilege of having his wife infected with epidemic gonorrhea, and he had over-drawn his account at the factory about $50.00 in order to square his account with the hospital, doctor, and undertaker, so that when he was injured they had nothing to fall back on for material support.

This was realized quickly by the affable agent of the insurance company who called and saw Nan. He gave her the assurance of the firm's great grief and consideration, and as a token of their regard they had sent her $75.00 to be used as she saw fit, as he was only a messenger she will please sign a receipt. Nan not knowing much of the ways of the world signed and thanked the slimy representative, for his exceeding kindness and was content with the generosity of her husband's employers. She did not realize that she had sold her birthright to a human snake, and had signed away all claims on the company for their liability in the matter. She did not know this until Emil died suddenly, and she was approached by a shyster lawyer who canvassed the situation with her, and after working upon her fears, obtained a contract from her giving him 50 per cent of any money collected while she was to pay all expenses of litigation.

I gathered all these facts from her letter, giving me my first knowledge of the shadow that had come into her life. I hastened to visit her and help her out to the best of my ability. I considered the situation carefully, and concluded that she would be wasting time and energy trying to collect anything from them by law, so I went directly to the President of the Company and after explaining details to him, appealed to his honor that he pay all expenses because of his moral responsibility. He was very firmly of the opinion that the company would not do anything as Emil was to blame for being out of his department, and he thought that they had been very liberal.

I expected as much from him and I had taken the precaution of interviewing a good many of his friends and enemies and had got some interesting suspicions of high finance in the company, that it struck me he would not like to have known. I coolly answered that I was a stockholder in the company, and was in the possession of some facts which I named with great deliberation, and that I believed a receiver would be more charitable than he, and that I would apply for one that very afternoon. I pulled out a cigar and lighted it with great deliberation, as I watched the effect of my verbal bomb. It exploded all right. A lightning look between him and the secretary showed me that we would win. I put on my hat and said, "good-day gentlemen," and started out.

"Wait a minute," said my man. "What do you want?"

"Oh nothing now", I answered carelessly. "I did expect you to be decent, but as you are not built that way, I will now take what I want without asking."

Hold on!" he said excitedly. "What do you want me to do anyway?"

"I only asked you to pay all expenses and free this girl from debt. You refused so there is nothing else for me to do but make you do it," I said as I passed out of the door.

As I expected the gentleman was there as soon as I and was asking me to come back to talk the matter over. He wanted to talk with his lawyer. I assured him that he could talk with him till doomsday, I would not stop him, but I had laid my plans and would carry them out. It worked all right. I was called back and given a check for $500.00, which was enough to pay all claims, and Nan and I took the train for Chicago.

(To be continued.)

DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE X-RAY AGAIN.

Some time ago I wrote an article for The Recorder in which I suggested that Dr. Blackwood is teaching a false doctrine in ascribing to the X-ray no therapeutic virtue. Dr. Blackwood did not take my criticism in the spirit it was given, and intimates that I am telling a "big one" because I stated that I treat twenty to thirty patients a day. He says twenty or thirty patients means from a hundred to a hundred and fifty dollars a day. Now as a matter of fact I did not say a word about my income, but I would like to have Dr. Blackwood come out and visit me, and he will not only see my twenty to thirty patients a day, but he can walk into the office of a Fort Wayne doctor and find perhaps twenty patients at one time waiting for their turn to see the doctor. As I am not able to choose my patients from high class opera singers I don't find it possible to extract the big fees they seem to get in Philadelphia. In my office "twenty to thirty patients a day" means not much more than thirty dollars in actual cash, for many patients can not pay large fees and some of them not anything.

What I should have said in my former article was that I have used the X-ray and high frequency over fifteen thousand times, but in thinking it over I am sure this is away too low. From what the doctor says about the thirty Philadelphia doctors who use X-rays, I am satisfied that I have used it as many times as all of them together. Using it three times a day for eight years would amount to 7200 times not working on Sundays. As I am something of a crank on X-rays it would be an easy matter to use it twice that many times in that many years.

In my opinion there is either something wrong with Dr. Blackwood's figures, or the Philadelphia electrical men. From what the doctor says they have used it on an average of thirty-one times a year each—not much over twice a month. Now, I do not think it is fair for men with such a limited experience to pass judgment on the virtues of the X-ray. I admit that I use it in many cases without any apparent benefit, but so does every other doctor use the other forms of electrical energy. For my part, I have never been able to get the good results that Dr. Blackwood does from galvanism.

I am using X-rays right along every day, in the treatment of skin diseases and I am getting good results. Many of the cases I am curing are those that have failed to be cured by every other known method. I have never yet seen a case of psoriasis that was not benefited by X-rays. As a rule it will disappear with a few treatments, but often comes back in new spots. However, I believe the cure is as permanent and effective as it is when cured by any other method. I have cured many cases of eczema of the hands, of the type commonly called tetter, where the skin will crack and peel off in places. Many of these cases had tried every remedy they could hear of without a cure. I will be glad to "show" these cases to any one who is doubtful. I can also show you the cases of discharging ears I have cured with X-rays. I wish every reader who has an X-ray would try this and report the results. Nearly every physician can get hold of at least one case and try it. I have treated a number of cases and have seen some benefit in every case. The discharge is always lessened, and whether it stops or not, the bad odor will

disappear. The patients will notice this, themselves. One of the most remarkable cures of this kind I have made was in a young man attending business college here. (Warren Maxwell, Payne, O.) He had had discharging ears since he was a small boy. I gave them a few X-ray treatments which lessened the discharge materially but did not stop it entirely, though the odor disappeared at once. He went home and did not return for treatment for several weeks. I then repeated the treatments by giving X-ray flashes instead of the steady current, and three treatments cured them both. There was no return after several months, when last I heard from him. I can give you the names and addresses of other similar cases. The way I apply the X-ray to the ear is to lay the patient on the table with the ear up. Cover the side of the face and head with a heavy sheet of lead foil leaving a hole about the size of a half dollar for the rays to pass through. The pendant portion of the ear is easily burnt and should always be covered with the lead. Now I am not able to say just what kind of cases can be cured, nor where the lesion is, but I do know that I have cured a number of cases where the discharge had existed for more than a year. I use a higher tube for treating these cases than I do in treating skin diseases. Give about four minutes every third day with high tube about six inches away.

I do not want any reader to take my word alone, concerning the cure of skin diseases by X-rays. I will admit that I would not expect much results in a city where the leading men use it only twice a month, all told, but if you will ge to Chicago where there are a few "live ones," you will be able to find plenty of them who are using it successfully every day in the year. Dr. Blackwood says psoriasis is made worse by stimulants and that X-ray is a stimulant. What is chrysarobin, if not a stimulant? Name one remedy that will cure psoriasis that isn't a stimulant. However that may be, the fact is indisputable that X-rays do cure psoriasis, ecxema and chronic sycosis as well as other skin diseases. It would not make any difference to me if all the doctors in the world disputed this fact. I would still continue using X-rays in these cases, and I would cure many of the cases that the other fellow fell down on. I know what I aw doing and invite any doctor who is interested in this line of work to visit my office and see for himself what I am doing.

Dr. Blackwood can not understand what I mean by saying I have bought my fourth machine. It means that there has been progress in the manufacture of X-ray machines and I am trying to keep up with the procession. My first one was a static machine, which is still in good running order. My next was a portable coil. I have it yet and use it for high frequency work. My next was large Scheidell induction coil, and my fourth was a more up-to-date Scheidell-Western coil with resonator and auto-condensation attachments. Three of them are still in use. I have one of the best wall plates made, but I do not use galvanism once to where I use the X-ray three times. Dr. Blackwood is just the other way, he treats nearly everything, even scabies with galvanism. This is merely an honest difference of opinion and there is no use of being "nasty" about it. On page 309 there is another point for difference of opinion. Dr. Blackwood says in using the copper electrode in the urethra on the negative pole, if it seems to stick, to reverse the current so as to make it the positive. Now in my hands this would only make it stick the tighter. In fact it never sticks unless it is on the positive side, and the more positive current I use the tighter it sticks. This may have been a "slip of the tongue" as I made myself, when I said I used the X-ray fifteen thousand times, when I should have said X-ray and high frequency, but if Dr. Blackwood means that

the current turned on the positive pole will loosen a stuck electrode, he is getting results as opposite to mine as he gets in the use of the X-rays.

I hope some of the other readers of The Recorder will report cases of the use of the X-rays. I hope they will use them more, but use them carefully. You can not be too careful. I am myself suffering from the results of careless handling of the rays several years ago, before I learned of its danger but that has not caused me to lose sight of its virtues. I would advise a doctor to get a text book on the subject and learn to use his machine right. He can not be too careful.

I believe it will pay every doctor who has a machine to take a course at the Illinois School of Electro therapeutics, Chicago. No one can be skeptical about the therapeutic uses of the X-ray who will stay there long enough to see what they are doing.

H. O. Wells, M. D.

Ft. Wayne, Ind.

HURTING THAT WE MAY HELP.

This proposition appears on its face to be paradoxical but as applied to the practice of the healing art so called, only a most casual examination proves the truth of it. For instance when we introduce medicines of any and all kinds enough to produce physiological, to say nothing of pathological effects, we hurt the various cells and tissues of the body by bringing about a definite chemical alteration in those cells and tissues, even in the treatment of the simplest forms of disease or their symptoms. For instance take colic just the ordinary wind or gas fermentation kind where there is great pain manifested due to great pressure on the nerves, the first thought is to give the patient relief by administering an anodyne from some of the sedative, narcotic or hypnotic group of remedies. The pain is lulled but the patient's entire system is severely shocked, paralyzed too as it were, for a time and then perchance if the organism is able to eliminate the poison, we must wait for a period of time for this to be done before we can say that our patient is convalescent or on the road to recovery. We have but substituted one sickness for another haven't we? Then take any one of the two or three so-called specifies in medicine and to affect and destroy the pathological parasite the patient must be poisoned (saturated so to speak) sufficiently with the drug so that all his normal physical powers are seriously disturbed for the time being; he is practically unfit to discharge the ordinary duties of life in a manner at all comparable with his usual aptitude. I refer here especially to the treatment of malaria with quinine and syphilis with mercury and the iodides and, if you please, the various antitoxins administered for the germs of hydrophobia, diphtheria, etc. Oh, how we congratulate and pat ourselves on the back when after administering these so-called specifics our patients are finally restored back to health. With what unction, self exultation and complacency we receive the plaudits of men and how jealous we become of our reputation as a (successful) doctor, when really down in our hearts we well know that we have and are mostly posing for and receiving honors wrongly conferred. Why? Because we know if we know anything at all about the pathology of disease, that we have only been a very small unit in the fight, the victory (if victory at all be won) that rightly belongs to the unseen powers and forces that were presistent in and beyond the human body. For it has never been delegated to man to conserve, much less to control these forces and powers referred to above. Now in the light of the experience and results of our so-called very best physicians, surgeons and sanitarians, imperfect as they manifestly are, the question forces itself on our sober, seri-

ous thought, are these the ideal, the very best means and methods in the treatment and cure of disease. Is there no balm in Gilead, is there no physicion (here) there to which this fever tossed, diseased and nerve racked bodies of ours may turn? Has it always been thus that medicine with all its never ending changes, fads and disappointments, is and must be the only help given to suffering and sick humanity. Have we not quite forgotten in our mad race for investigation and the trying out of something new, who it was that made the human body and that as Creator of the same, He alone knows of what it is composed and just what it needs and that He alone and above all others is able to heal all our diseases and to keep these human bodies made after the similitude of His own likleness in perfect peace and health. Oh, brothers don't be afraid or averse to thinking about these things. I am no Christian Scientist. Far be it that I should believe or advocate their pernicious, devilish doctrines, but I plead for a better and a return to the better way of having faith in God for the edict has gone forth from His divine lips that according to your faith so be it done unto you. Of course God must and always will honor our faith just as it conforms and comports with truth as for instance we know that when we administer morphine, opium, chloroform, chloral, etc., that we will get the physiological effects of the drug because these are certain definite inherent powers in them, which are made manifest in their effects on the human system when taken by the patient, but they are so limited, and oh how they hurt and cripple the poor sufferers after all. Do you believe honestly that they are approved and appointed of God as His best agencies in the treatment and healing of the sick. I certainly do not.

W. P. Rushin, M. D.

Macon, Ga.

THERAPEUTIC PROGRESS.

We are living in a wonderful age. Progress is being made in all directions, in every branch of science, and medicine is keeping up with the procession. It is preeminently an age of research, discovery, and development. There was a time when disease was personified, and regarded as a "spirit of evil," which could only be cured by exorcision. In another age, it was regarded as merely a material entity whose presence acted as a foreign body, and which could only be eliminated by potent medicaments, of the most pronounced physical properties. The doctrine of anti-pathy, or allopathy, with its dogma of "Contraria, contrariis, curanter," was the generally accepted theory; and again the dogma of "similia, similibus, curanter" had its disciples; a sect sprang up as a revolt against excessive and heroic medication characteristic of the age. At one time, disease was regarded as an evidence of undue strength, and the antiphlogistic and depressant treatment held sway. Again ,it was regarded as an evidence of weakness, and stimulants were plied. We all remember the "humoral pathology," when all diseases were primarily in the blood, and finally in the lymphatic and glandular systems. No one escaped "blood medicine."

Despite the wonderful advances of modern medical science, there are still some who have assumed the role of physicians, and who have not kept place with the improvements, and who still hold to absurd and obsolete modes of practice.

In these days of elegant, and potent pharmaceuticals, it is little short of a crime, for men to lag behind, to inflict nasty and nauseous drugs upon the sick. The long-suit of homeopathy is pleasant medicaments, and as eligible and palatable concentration are within the reach of every doctor, there can be no

excuse for ignorance, or indifference. Ignorance, in most cases, is the reason why some still cling to exploded theories, and absurd practice.

We hear a good deal now-a-days about therapeutic nihilists, who prate about the beautiful mechanism of the human body, with its wonderful adaptation of means to ends; and the pathologist who has observed its wonderful recuperative power, and concludes that what it cannot do in righting itself, cannot be accomplished by any device of man. They deny to drugs any virtue in sickness. There are on a pair with "faith-healers." There are doctors who go upon the expectant plan, and maintain that disease is self-limited, and that if its victim have sufficient powers of endurance to withstand it, he will recover; otherwise, he will succumb. I should say so! They should depend entirely on the "Vis. medicatrix naturae." Such men are purely theorists, and so long as those who have the least to do in the treatment of disease—the theorists of the closet, and savans of the laboratories, —have more weight than the opinions of physicians who bear the heat and burden of the day, and are in constant contact with disease,—the progress of therapeutics will be handicapped.

There need be no defense of those faithful, intelligent, and industrious physicians, who believe in the cure of disease by medical agencies, and who go about healing the sick, and relieving pain and suffering on every hand.

D. L. FIELD, M. D.

Jeffersonville, Ind.

A FEW NOTES.

Dr. N. F. Raines recommends the following as his favorite in case of anorexia: First, give purgatives that will arouse the liver and then follow with this:

℞

Dilute hydrochloric acid ....ʒiv
Tr. cinchona comp. q. s. .....℥vj

Sig. Dose, two teaspoonfuls in a wine glass of cold water after each meal.

In cases of anorexia the following is of much value it is highly recommended by Dr. W. E. Jones, of Wister Oldo:

℞

Diluti phosphoric acid .....ʒvj
Sherry wine q. s. ad .....℥viij

Sig. Dose, half an ounce three times a day.

In cases of enlargement of the liver or spleen the following ointment is of value.

℞

Mercury biniodide .....gr. xv
Vaselin .....℥j
M. ft. ung.

Sig. Apply over the liver or spleen once a day for a week or two. Apply only enough to make the skin oily and rub it in and heat the parts by a fire. This local treatment is often a valuable auxiliary treatment in torpid conditions of the liver.

Dr. J. W. Decker gives the following as his favorite for anorexia:

℞

Tinct. iron chloride .....ʒij
Tinct. nux vomica .....ʒiv
Hydrochloric acid .....mxxx
Elix. lactated pepsin q. s. ad .℥iv

Sig. Dose, one teaspoonful at each meal time.

Anorexia.

℞

Tinct. nux vomica .....℥ss
Delute hydrochloric ac. .....ʒvj
Tinct. gentiana comp. q. s. ..℥iij

Sig. Teaspoonmul in a little water half an hour after each meal.

J. A. BURNETT, M. D.

Little Rock, Ark.

RUNDSCHAU

By H. SPEIER, M; D.
Minneapolis, Minn.

TREATMENT OF CONSTIPATION.

A new remedy for the treatment of constipation is being offered, belonging to the class of products of physiological activity within the human body which have already furnished us some very potent therapeutic agents. It is called hormon, a product of cell activity, formed in various organs of the body and carried by the blood stream to the intestines, there to stimulate them to normal peristaltic activity. Zuelzes found it present in nearly all the tissues of the body, but especially in the spleen whence he isolated it for his therapeutic experiments. The fluid containing the hormon is administered by deep intramuscular injections. The results reported by Zuelzer are remarkable. Out of twenty-one cases of obstinate, habitual constipation fifteen were permanently cured by a single injection of hormon the remaining six were not noticeably benefited. A few cases of acute intestinal paralysis were also greatly improved.

Another experimenter, Saar, reports those cases of chronic constipation successfully treated by hormon. In such case a singl e intramuscular injection brought on daily spontaneous evacuation, the effect remaining for a considerable length of time. He, also, found that some cases failed to respond to the treatment.

RURAL SANITATION.

A recent move by the Iowa State Board of Health deserves general imitation. Notice has been served on all towns in the state which do not maintain a street cleaning department that hitching posts must be removed from the streets. The letter calls attention to the fact that holes pawed in to the ground around hitching posts gather stagnant water and furnish breeding grounds for flies and mosquitoes, thus becoming a menace to public health. Anyone who has lived in a country town and seen its main street on every Saturday converted into a barnyard by the farmers' teams hitched along both sides will appreciate the health board's ruling.

Great progress has been made in the sanitation of the cities, but nothing like it has as yet been accomplished in the country districts. It is difficult to overcome the obstacles of settled habits, indifference, ignorance and lack of organization as they exist in most rural communities. Rural sanitation however, reacts strongly upon the health of the cities, for nearly the entire food supply of the city comes from the country, is handled by the farmer and can become a ready carrier of disease. No matter where one may go in the United States, everywhere one will find on the farms such habitual disregard of sanitation, as regards disposal of garbage and sewage, animal and human excreta, protection of the water supply from contamination, etc., that one might consider it a hopeless case. What is needed is wide dissemination of knowledge of the causes of disease and the means of prevention. Excellent work in tis direction is being done in Virginia, as told by Dr. Freeman in a recent number of the Journal A. M. A. They pay principal attention at present to typhoid fever and uncinariasis. The former is most important everywhere, the latter forms a large part of the disease of the southern country districts. The point of attack is the individual farm, each being practically a community by itself. A campaign of education is being carried on by means of lectures, press notices, demonstrations etc. District inspectors are appointed who visit physicians like the nostrum

detail men, distribute literature and interest them and obtains tehir co-operation in the work. They also inspect schools, give public lectures and demonstrations and agitate the question till every person in the community is acquainted with the facts of the disease. The inspector is a graduate physician, he takes no fees and gives his whole time to the work. The amount of territory which can be covered by an active man is very large and it is estimated that in four to five years Virginia will have been fully canvassed for hook-worm disease and the extermination of the disease be accomplished in this way. Gradually the work will be extended so as to cover other preventable diseases. As it progresses and popular knowledge of disease increases the work will become easier and more effective.

Similar campaigns of education are being carried on by other state boards, for instance by the Minnesota board, but not always with the same systematic thoroughness. Most boards are hampered by lack of funds, as legislatures are slow to see the value of such work. Doctors are all willing helpers in this cause. But now let us ask one question. Where do we come in?

TREATMENT OF LOCOMOTIVE ATAXIA

The theory that tabes in one of the remote manifestations of syphilis has gained many adherents, especially in Germany, where its occurrence is considered positive proof that the patient is syphilitic. But treatment of ataxia along anti-syphilitic lines has not by any means been a full success. Recognizing this Dr. Graeme M. Haminond advanced the idea that possibly by improving the nutrition of the degenerated cells and maintaining the nutrition for a sufficient length of time the degeneration process might be arrested or at least delayed. Strychnia is the remedy selected by him for the purpose. After an experience of eight years with it, using gradually increasing doses until doses of 1-2 grain three times a day and even more were reached, he reports now, that he has not effected a single cure of locomotor ataxia by it, but has seen pains disappear, control over bladder and bowels regained and locomotion decidedly improved. In most all of his cases the advance of the disease was checked and a great deal of improvement followed. That is certainly a very gratifying result one which other forms of treatment have not been able to accomplish.

This method of administering the treatment is as follows: Beginning with a dose of one thirtieth of a grain three times a day at the end of a week he increases this to one twentieth of a grain and at the end of another week to one sixteenth, all given in tablet form by mouth. At this time he gives in addition to the tablet of one sixteenth of a grain, one drop of a solution containing one grain of strychnia to one ounce of water, next day two drops are given, next day three drops and so on each day increasing one drop until doses of thirty drops three times a day are reached. Thirty drops of the solution being equal to one sixteenth of a grain the drops are now discontinued and the one sixteenth grain tablet substituted for them. The patient takes now two tablets or one eighth of a grain three times a day. This dose is maintained for three months then the solution is used again as before until a dose of three sixteenths is reached. This dose is maintained for at least three months and then gradually increased as before. The increase in dosage is effected so gradually that few patients appreciate any diffeernce. Improvement of the ataxic symptoms is seldom found until a dose of one fourth of a grain three times a day is reached but the patient's general health improves long before this period. Dr. Hainmond's custom has been to maintain the dose of one half grain for about a year and then gradually to reduce it. At the time of his report he had patients under observation who had not taken strychnia for over two years, but showed no signs of relapsing.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books of interest to doctors. Items of literary news will furnish information on progress in the world of literature.

THE NEW PSYCHOLOGY. Its Basic Principles and Practical Formulas. By A. A. Lindsay, M. D. Pages 100. Cloth, $1.25. Lindsay Publishing Co., People's Bank Building, Seattle, Wash.

The author first explains the principles of suggestion in the first chapter, then discusses psycho-therapeutics. The following extracts give some idea of the author's views: "I having practiced drug-giving too long, have seen the remedial agency of drugs too often to think for a moment that that form of medication should be abandoned entirely and to appoint psychic methods as the solitary means of treatment in all cases. Suggestion, I mean scientific suggestion, which is suggestion to be given in the passive state, will go hand in hand with any other methods."

"The first essential of an operator, the chief among them all, is common sense. The next sympathy. And if common sense does not include tact, we will make that the third essential. Firmness or positiveness, or one who believes in himself and his teachings; in other words, sincerity; calmness and ease and confidence of manner, and a voice that contains the magnetism to be in this attitude towards his patient like a mother towards her child, which she comforts and soothes to sleep."

Dr. Lindsay shows how it is necessary to repeat suggestion from time to time until the patient is cured. Some physicians who have not given much attention to suggestion, think that if suggestion is not at once successful it is a failure. This book tells just how to use suggestion successfully in practice.

Numerous case reports scattered through the work exemplify the application of suggestion. In discussing one case the author says: "This should cause the pupil to study this case very carefully to note particularly that there is nearly always something wrong with assimilation or elimination, and usually both; that the nervous system is always involved in some way or other in every disorder; that circulation is often defective, that the habits of the patient's life should be worked after, and a careful observance of hygienic practices and exercises must be considered, that the patient who has wrong expectations must be impressed as to how disastrous they are, for instance in this case the lady never swallowed a mouthful of food without supposing that it would in some way give her distress afterwards."

The work tells how to produce and use hypnosis, discusses telepathy and other psychic phenomena. Some things most medical readers will not agree with but the book contains a wealth of valuable information on psychology.

CYSTOSCOPY AS ADJUVANT IN SURGERY. With an Atlas of Cystoscopic Views and Conconitant Text for Physicians and Students. By Staff, Surgeon, Dr. O. Rumpel, Lecturer in Surgery at the University of Berlin. Only Authorized English Translation. By P. W. Shedd, M. D., New Work. Illustrated. Half Leather and Cloth. Price $8.50. Rebman Co., 1123 Broadway, New York.

Nitze's invention of the cystoscope has made the diagnosis of diseases of the bladder accurate. As a result the treatment, both medical and surgical, of diseases of the bladder has become much more successful than it was a number of years ago. Dr. Rumpel has collected in the Royal Surgical Clinic of the Uni-

versity of Berlin and in his private practice a large amount of valuable data including many drawings, on abnormal conditions of the bladder. A cystoscope without a good working guide would not be very valuable to most practitioners. Such a work as this makes a very complete guide to cystoscopy. The work is a large quarto and contains thirty-six colored plates; each plate has several figures so their are eighty-five colored figures in the work. These colored figures are splendidly made and give a correct idea of the various pathological conditions. This work is really a necessity to every practitioner using the cystoscope.

While the plates alone make a valuable work, ther is also valuable text on the diagnosis of bladder troubles. There are chapters on congenital anomalies, calculi, cystitis, foreign bodies, hypertrophy of the prostate, tumors, testing renal function. Scattered through this text are twenty-two illustrations.

The book is beautifully printed and bound substantially in leather back and corners with cloth sides.

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International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology Rhinology, Laryngology, Hygiene and Other Topics of Interest to Students and Practitioners, by Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, with the Collaboration of Wm. Osler, M. D., John H. Musser, M. D., A. McPhedran, M. D., Frank Billings, M. D., Charles H. Mayo, M. D., Thomas H. Rotch, M. D., John G. Clark, M. D., James J. Welsh, M. D., J. W. Ballantyne, M. D., John Harold, M. D., and Richard Kretz, M. D., with Regular Correspondents in Montreal, London, Paris Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume III, Twentieth Series, 1910. Pages 311. Illustrated. Cloth, Price $2.00. J. B. Lippincott Co., Philadelphia.

The opening article in this volume is "The Ideographic-Cerebral Centre" by Dr. H. V. Wurdemann of Seattle, Wash. This is a very interesting, illustrated article, with a report of a case of ideographic aphasia. Dr. Joseph H. Lopez, of Philadelphia, contributes a very practical clinical article on the treatment of noma and of pneumonia. Dr. C. K. Austin, of Paris, writes on "Autoserotherapy." This is a method of treating certain pathological conditions which promises to give some very good results. The idea is to treat "different morbid, conditions, accompanied by serous effusions into one of the natural cavities of the body, by the administration to the patient of his own serum in hypodermic injections." Another important article is "The Present Status of Bacterin Therapy" by Dr. B. A. Thomas, of the University of Pennsylvania. There are a number of excellent articles on dental subjects, of value to physicians, viz.—"The Philosophy of Lancing Teeth", by Joseph Head, M. D., D. D. S.; "Pyorrhea Alveolaris", by A. H. Merritt, D. D. S.; "Oral Prophylaxis", by L. W. Johnson, D. D. S., M. D., U. S. N.

An article which all will greatly appreciate is "Hydrophobia", by Dr. Milton K. Meyers, of Philadelphia. This article concisely covers the subject and is illustrated with a colored plate of the Negri bodies.

Some of the other articles are:

"The Radiation of Pain in Renal Calculus with a Report of a Typical Case," by L. W. Gorham, M. D., of the John Hopkins Medical School, Baltimore, Maryland; "Ehrlich's Diazo Reaction in Chronic Tuberculosis," by Nathan P. Levin, M. D., of Edgewater, Colorado; "Demonstration of the Use of

Unna's Paste in the Treatment of Leg Ulcer," with Exhibition of Patients, by B. A. Thomas; "The Treatment of Advanced and Acute Cases of Tuberculosis of the Lungs," by Dr. Joseph Walsh; "Some Observations on the Salt-Free Diet and Chloride Metabolism," by Edward H. Goodman, M. D., University of Pennsylvania; "Treatment of Senile Gangrene by Superheated Air," by G. Dieulafoy, M. D., Prof. at Paris Faculty of Medicine; "The Cause and Treatment of the Various Types of Persistent Hemorrhage from the Uterus," by Brooke M. Anspach, M D., University of Pennsylvania; "Some Rare and Anomalous Conditions, Obstetrical and Gycaecological," by Chaucey D. Palmer, M. D., Cincinnati University; "Appendicitis as a Complication of Pregnancy; Fibroids of the Uterus Complication Pregnancy; Pregnancy in the left Horn of theUterus," by Palmer Findley M. D. Univ. of Nebraska; "Rupture of Ovarian Cystomata," by Chas. Greene Cumston, M. D., Boston, Massachusetts; "Uncinariasis," by M. Howard Fussell, M. D., Philadelphia, Pa.; "The Aim of the Trachoma Institute," by Aaron Bray, M. D., Phila.; "Dilation of the Subclavian Artery," by Frank G. Wilson, M. D., Louisville, Ky.; "Surgical Treatment of the Pancreatitides," by Chas. Greene Cumston, M. D., Boston, Massachusetts; "Treatment of Fracture of the Femur in the New-born," by P. Sam'l Stout, M. D., Univ. of Pensylvania; "Tuberculosis Abscess of the Hip; Arthritis Deformans of the Hip," by John L. Porter, M. D., Cook Co. Hospital, Chicago; "Congenital Clubfoot; Punctured Wound of Thumb," by J. Garland Sherrill, A. M., M. D., Louisville, Kentucky; "The Action of Bacteria in the Peritoneal Cavity," by George P. Muller, M. D., Univ. of Pennsylvania; "Syphilitic Stricture of the Rectum," by Bernard Asman, A. M., M. D., Louisville, Kentucky; "What Vivisection Has Done for Medicine," by Daniel M. Hoyt, M. D., University of Pennsylvania; "The Physician's Part in the War Against Venereal Diseases," by John B. Roberts, M. D.; "Prophylaxis as a Public Asset," by John B. Huber, A. M., M. D., Lecturer, New York State Dept. of Health; "Gastro-Intestinal Hormones and their Significance," by Sidney Miller, M. D., John Hopkins Medical School, Baltimore, Md.; "Medical Meterology," by Lucius Tuttle, M. D., Univ. of Pennsylvania; "A Medical Home-Coming Week," by John G. Clark, M. D., Univ. of Pennsylvania.

There is an unusual amount of practical matter in this time issue which the practitioner will find available in daily practice.

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Politics and pants may seem to lack any special literary kinship, but you'll have a fresh point of view when you read the November Everybody's, just out. Emerson Hough discusses the latter in an excruciatingly funny article in which he calls on Congress to take up this subject of universal importance instead of trifling with the petty questions that cumber the deliberations of House and Senate. Frederic C. Howe, in "Choose Your Congressman," goes after the same Congress, by way of one of the most practical, useful political articles published for a long time.

The variety of this number of Everybody's is specially marked. Nothing could be less similar to the foregoing than Guy H. Scull's "Lassoing Wild Animals in Africa," telling by article and photograph how the Buffalo Jones expedition caught lions with a lariat; and "Eves of an Unknown Eden," by E. Alexander Powell, F. R. G. S., picturing the wonderfully beautiful women of Tehuantepec; and "It", another installment of Lincoln Steffens' direct, fascinating study of the sovereign political powers of organized business.

THE WISCONSIN MEDICAL RECORDER

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EDITOR
Janesville, Wis.

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VOL. 13 NOVEMBER, 1910 No. 11

TYPHOID FEVER

A southern physician suggests in the Medical World a test for typhoid fever. In a suspected case he gives small doses of calomel continuing until the bowels move, giving no other laxative or medicine. If the case is not typhoid, he says the stools induced are dark, bilious, jelly-like and may be lifted up, being tenacious. This he terms the "calomel stool": and he asserts that it is impossible to get a calomel stool from a true typhoid case. The idea is novel and if any of our readers have occasion to try it we would like to hear of the results. It is not always easy for the country physician to use the Widal test.

MOTOR CAR MISCARRIAGE

To the numerous indictments for manslaughter which accumulate against the automobile a new one may have to be added, namely that it is apt to induce abortion in pregnant women. Dr. E. P. Davis reports in the Medical Record two instances occurring in his practice. In both the uterus and the course of pregnancy were found to have been normal, the women disposed to exercise proper care and the cars driven carefully by experienced men. Dr. Davis calls attention to the well known fact that a great shock or injury is some times better born by pregnant women than frequently repeated small shocks. An example is abortion following the running of a sewing machine by foot. Riding in a motor car subjects the woman similarly to a series of rapidly following small jars which are in many cars felt more plainly on the rear seat. Dr. Davis thinks that the abortion brought on by automobile riding is slow and insidious in its development without severe hemorrhage or pain. The foetus separates from the wall of the uterus very gradually blood is extravasated and not poured out and pain not excited until the uterus is so distended by blood clot that it is made to contract.

It is well for physicians to bear in mind the possibility of such an unlooked for result. Automobiles have come into well nigh universal use especially by physicians who are often accompanied on their trips by their wives.

RAMBLES IN LONDON—IV.

No trip to London is complete without a visit to St. Paul's, the great cathedral with its immense dome towering over the world's metropolis and visible from all parts of the city. St. Paul's is the most conspicuous building in London and London would seem very incomplete without it. As far back as history reaches there has been a church on the site of St. Paul's. Tradition has it that in pagan times a temple of Diana occupied the site. In the time of the Romans they built a Christian church

which was destroyed by the pagan Saxons.

St. Paul's was designed by Sir Christopher Wren, the great architect, who planned so many London churches. The world has never seen another architect just like Wren, whose genius is well exemplified in the London churches. St. Paul's was begun in 1675 and completed in 1710. It is 500 feet long and 118 feet wide, and the transept is 250 feet long. The great dome is 364 feet high and 102 feet wide. The church cost about $4,000,000.

The great painters, soldiers and sailors of England are commemorated by numerous monuments which make the church a great temple of fame. Among the celebrities interred in St. Paul's are Nelson, Wellington, Wren, Turner, Reynolds, and Millais.

While I was in London the exterior of St. Paul's was being cleaned, not very thoroughly but enough of the London grime was being removed to show that the building was once white. The average Londoner likes to have an air of antiquity to everything and prides himself on the historical associations of the city's buildings. I remarked to a London gentleman that St. Paul's would be a most beautiful building if the stone were pure white as when the building was new. He replied: "Oh, but it would not show its age then, you know."

Entering St. Paul's one is at once struck by its great size and this vastness produces a sensation of coldness, very different from a small church. The church services at St. Paul's are impressive, although much cannot be understood on account of the vast building and immense dome which swallow much of the sound. The singing by the boy choir is very pleasing, as the clear tones of the youthful voices resound through the great building.

The clerical establishment of the cathedral consists of the dean, four canons thirty prebendaries, twelve minor canons and six vicars choral.

The whispering gallery is a curious attraction of the cathedral. A slight whisper uttered by the wall on one side of the gallery is clearly audible to an ear near the wall on the other side, distance of 108 feet in a straight line or 160 feet round the semi-circle.

The great dome of St. Paul's will always be symbolic of London to me, as the grandeur of the dome rising above the mists and fogs of the city made a lasting impression.

MISCELLANY

HYPEREMIA IN THE TREATMENT OF IMPOTENCE.

By Silas T. Yount, M. D., Chicago, Illinois.

Late Professor of Nervous and Mental Diseases, Post Graduate Medical School

The influence of impotence on the man unfortunate enough to suffer from this disease is very wide spread. The nervous vitality, mentality, digestion, metabolism and, in fact, almost every normal function of the body is directly or indirectly affected.

DRUGS USELESS IN THESE CASES

The pernicious and altogether useless practice of administering a class of drugs given the deceiving title of aphrodisiacs has done much to bring the treatment of this condition into disrepute. All too often the sufferer falls into the hands of unscrupulous men and is mulcted of his means with little or nothing given in return.

The physical methods of treatment are of unquestionable value in the treatment of impotence. Judicious hydrotherapy, the use of several forms of electricity, massage and diet all may be used with evident advantage. There is one form of non-medicinal therapy, however, which seems most rational on the face of it. I refer to hypreemia or the mechanical increase of the amount of blood in the part.

I have had a rather extended experience in treating this class of cases with an appliance which has been called the erectruss. Since 1907 I have used this method in the treatment of 95 cases of impotence. These cases I have divided into three classes according to the conditions present. Class A: Those completely impotent for at least one and up to ten years, the ages ranging from 36 to 75 years. These constituted 40 per cent of the whole number. Class B: Those whose powers were weakened and who were almost impotent, 35 per cent. Class C: Young and middle-aged men whose disorder was slight and usually of a purely functional character. These made up the balance, or 25 per cent.

From my case records I have complied the following figures:

Class A.	50 per cent cured or relieved.
	25 per cent benefited.
	25 per cent no results.
Class B.	75 per cent cured or relieved.
	15 per cent benefited.
	10 per cent no results.
Class C.	90 per cent cured or relieved.
	10 per cent no results.

These results were obtained by the hyperemic method alone. All aphrodisiacs, tonics, electricity or hydrotherapeutic measures were entirely eschewed. Nothing was used but hyperemia caused by the use of the erectruss.

A number of those enumerated in Classes A and B have found that after the use of this appliance for six months or a year, they can functionate without it. In Class C a large percentage stopped the treatments because they did not require them after two or three months.

THE RAISON D'ETRE OF THIS METHOD.

The method under discussion relieves and cures on the now well-known principle first prominently brought forward by Professor August Bier of the University of Berlin, under the name "Stauungs-hyperamie" or damming hyperemia, best called congestion.

Willy Meyer in his book "Bier's Hyperemic Treatment" says: "To employ artificial hyperemia means to increase the quantity of blood in a given diseased part of the body." Again: "Physicians must learn to recognize in

the circulatory blood, one of the most powerful factors in the human and animal system in bringing about "spontaneous cures."

The practical results obtained with the hyperemic method of treatment have proved beyond a doubt the absolute correctness of the theories advanced by Professor Bier. What must be our sole aim in the treatment of impotence is to retard the return of the blood from the organ, in this way increasing the quantity of blood normally contained therein; but in no way interfering with the influx of blood from the dorsal artery and the artery of the corpus cavernosum.

Properly used this method of treatment is in my judgment absolutely correct, there being no pain, no cyanosis and no inconvenience. In place of this there is a noticeable hyperemia of the organ followed by a normal erection. This treatment is strictly based on physiologic facts and is effective, harmless and satisfactory.—Am. Journal Physiologic Therap.

PAINLESS EPILATION.

In a recent article on the subject of painless epilation Dr. May Cushman Rice of Chicago, states as follows:

"To secure anaesthesia, a high degree of concentration of current is necessary. A special anaesthetizer allowing an unusually large amount of current for the size of the electrode is required. Such a one has been constructed for this purpose. This anaesthetizer is invaluable, not only for cataphoric anaesthesia for this work but also for the anaesthetizing of any small area to be treated cataphorically, fissures and ulcers for example. It consists of solid block tin, surrounded by a hard rubber rim, which projects one-fourth inch beyond the metal. This forms a shallow cup to be filled with cotton or flat pieces of lintine saturated with the solution. The metal disc is surmounted on a metal stem, terminating in a socket for the cord tip. The stem is insulated with hard rubber so that it can be held firmly either by the operator or patient as desired.

The size adapted to all parts of the face except the lip is one inch in diameter; that to the lip is one inch long and half an inch wide. Keep a bottle of cocaine hydrochlorate, ten per cent., and one of adrenalin chloride, one to one thousand, on hand. Before using mix in a dram bottle, in the proportion of three parts cocaine to one part adrenalin, sufficient to wet the cotton in the anaesthetizer. * * After thoroughly cleansing the hands prepare the field of operation by washing with liquid soap and water and then applying alcohol, either in full strength or diluted, if the skin be especially sensitive. Wash off the alcohol with boiled water before anaesthetizing. Put a layer of cotton or lintine upon the anaesthetizer and wet thoroughly with the anaesthetic solution. Apply this, after connecting with the positive pole to the part of the face to be treated. Use ten milliamperes of current for five minutes, gradually turn the current off, and reverse the two poles, connecting the needle holder with the negative and the indifferent pad with the positive pole. In consequence of the adrenalin carried into the tissue, the anaesthetized area will be definitely outlined as a white patch. Anaesthesia will be only partial at the border but perfect in the central portion of this patch."

Full information regarding Dr. Rice's technique, as well as a description of the special anaesthetizing electrodes described by her, may be had by addressing the McIntosh Battery & Optical Co., Chicago, Ill.

"For the heart spells of the aged, such as palpitation or sudden weakness more or less dependent on the arterial condition, cactina pillets is admirable and can be administered without the slightest fear of untoward action."

The Wisconsin Medical Recorder

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Vol. XIII DECEMBER, 1910 No. 12

SEASONABLE REMEDIES

By GEORGE L. SERVOSS, M. D., Fairview, Nevada

Each season has a set of diseases peculiar to, and epidemic at such times. During the winter months, probably due to the lack of sanitary precautions, we find the human race assailed by congestive conditions. Certain febrile conditions prevail to a greater extent during the cold months than during the summer, later spring and earlier fall periods, and it is such conditions which call for correction at the hands of the practician. The acute conditions, or diseases, will be taken up in order and the remedies applicable given, with the application of each to meet certain symptoms.

In the late fall, when the houses are overheated and people fail to take the proper care of themselves, as is so frequently the case during the mid-seasons, we are called upon to relieve acute bronchitis. The fever in such cases is controlled by exhibiting either aconitine amorphous alone in 1-134 grain doses every fifteen to thirty minutes, or in the combination suggested by Burggraeve and known as the dosimetric triad, at like intervals. Atropine and codeine act well as synergists to aconitine in the control of the temperature. If the cough is "tight" and the expectorations light, emetine and apomorphine act well as expectorants. Iodized lime is highly recommended, in dosage of from 1-6 to 1 grain hourly, as an abortifacient. Bryonin is indicated when there is marked involvement of the serous membranes, with pleurisy. Codeine and heroin are useful in checking the cough. Asclepidin and lobelin both act as stimulants to the mucous membranes and are suggested as expectorants. In all cases, the alimentary tract should be cleaned out and kept clean. Calomel and podophyllin, followed by a saline act well in the initial stage, and thereafter a saline will tend to keep the bowels clear and relaxed. During convalescence, the arsenates of iron, quinine and strychnine with nuclein.

The initial clean out is always indicated in capillary bronchitis, calomel and podophyllin, followed by a saline. Iodized lime early to abort. Aconitine, combined with strychnine and cactin, for the fever. Emetine and apomorphine as expectorants. Sanguinarine when the exudates are profuse and the cough light and thus interfering with their removal. Strychnine and cactin should be given boldly for their supportive action. Nuclein should be pushed from the first to establish and maintain leucocytosis. Either codeine, bryonin or asclepidin to control the pain, the first to give relief if the cough is too frequent or severe. Osmotic glycerine pastes to the chest, hot, early will frequently give prompt relief. Alcohol is never indicated and should never be employed. During convalescence the triple arsenates with nuclein and calcium lactophosphate, as tonics.

In acute coryza establish elimination immediately. Withhold fluids and push iodized lime and nuclein to abort. Aconitine and atropine, pushed till dryness of the throat is established also act as

abortifacients, their effect to be maintained to some extent, by lengthening the interval between doses. The dosimetric triad, three at night to equalize the circulation. Morning saline to keep the alimentary canal clean. Keep the nasal passages clean through the use of mild alkaline and emollient sprays or douches.

In the treatment of coughs, the cause should invariably be given attention, for that removed, the symptom will disappear in the majority of instances. This symptom may be relieved by the use of numerous remedies, among them being codeine and cicutine for irritable cough, emetine and apomorphine, as well as lobelin for tightness, morphine, atropine and hyoscyamine to overcome spasms. Calcium sulphide gives relief secondarily, as does iodoform and iodized lime, by giving initial action upon the causative condition. Potassium cyanide and scillitin are also useful.

Spasmodic croup is frequently relieved by a single hypodermic injection of apomorphine, and more especially where there is an overloaded stomach. Iodized lime is found to be of great value in this condition, 1-3 to 1 grain in hot solution at intervals of from ten minutes to a half hour. Potassium bichromate, gr. 1-67 to gr. 1-34, in solution, every ten minutes to half hour has been found effective. Aconitine, in combination with hyoscyamine, acts well as an antispasmodic. The alimentary canal should receive attention and be thoroughly cleared out and kept clean. Follow the acute attack with either brucine or strychnine with nuclein.

In true croup, it has been found that hot solutions of iodized lime, gr. 1-3 to gr. 1, every ten to thirty minutes gives prompt relief. In the treatment of true croup, the same attention should be given the alimentary canal as in the spasmodic variety. If iodized lime is not at hand, emetics may be employed to bring about relief, apomorphine being the best agent to employ. As an antispasmodic, a combination of aconitine, strychnine and hyoscyamine will be found effective. Nuclein to induce leucocytosis and calcium sulphide to overcome infection, are indicated in all cases. Moist, heated temperature is best. If diphtheria is suspected, use antitoxin early. Cold to the throat frequently assists in giving relief. Strychnine or brucine with nuclein, after the acute stage is passed.

In diphtheria, antitoxin always. If the fever is high, aconitine. To overcome infection, calcium sulphide to saturation. Nuclein for obvious reasons. Iodized lime has been found effective. Clear out the bowels with calomel, followed by a saline and keep them clean by use of sulphocarbolates. Echinacea is suggested where there is profound toxemia. Keep the throat clean by use of $H_2 O_2$ spray or gargle. Give inhalations of medicated steam at all times throughout the course of the disease. Stimulate the circulation with strychnine and digitalin. The diet should be liberal. After the acute symptoms are passed, tonics, as nuclein, brucine or strychnine, iron and quinine are indicated. Antitoxin should be employed in every case and pushed to full effect. In fact, in diphtheria, every remedy should be pushed until its effect is fully apparent.

The initial treatment of influenza consists in clearing out the alimentary canal thoroughly by use of calomel and podophyllin, followed by a saline laxative, with sulphocarbolates thereafter to keep it clean. Iodized lime in from 1 to 3 grains every half hour, without fluid, and all fluid withheld for at least twelve hours, will frequently be found to be very effective. Aconitine to control fever, either alone or in combination with strychnine, atropine, quinine arsenate and capsicin. Atropine controls the pain. This and aconitine should be dropped as the acute symptoms disappear. Calcium sulphide is always indicated to overcome infection. Nuclein

will be found effective to give additional tone. During convalescence, strychnine and nuclein or the triple arsenates with nuclein, to which may be added hydrastin. Do not allow constipation to follow.

The initial treatment in pleurisy, as in all other infection, consists of a thorough cleaning out of the alimentary canal, as usually with calomel and podophyllin and salines, with the sulphocarbolates to keep it in an aseptic condition. Aconitins and veratrine, either of them, alone or in combination with digitalin and strychnine. Bryonin, as in all inflammations of the serous membranes. Asclepidin to stimulate the mucous surfaces. Cicutine or gelseminine may be employed, as sedatives, instead of bryonin. Iodized lime serves well to promote absorption. Elimination should be considered in all cases, and in those of rheumatic diathesis, colchicine may be added. Pilocarpine and elaterin are suggested as eliminants. The tendency to recurrence may be overcome by placing the patient upon quinine hydroferrocyanide and strychnine arsenate after the acute symptoms have been overcome.

Pneumonia is too frequently treated by name, rather than by reason. In no disease do we find it more important to meet and combat the symptoms, or conditions, as they arise. To combat the temperature and equalize the circulation both aconitine and veratrine, under certain conditions, are indicated. The former is of great service when the so-called "aconite pulse" is to be noted. The latter when there is delirium and toxemia. They may be employed alone, or in combination with strychnine and digitalin. There is diversity of opinion regarding the use of laxatives and cathartics in the initial stage of the disease, but from my personal observations, I believe that they should be employed, as I have found that, with a clean bowel there is less tendency to toxemia, and that the remedies employed to meet the symptoms of the disease are more active when the intestinal tract is clean. Calomel and podophyllin, followed by a saline, should be employed as routine in all cases. The bowels should not be allowed to become constipated at any time during the course of the disease, morning doses of salines overcoming such tendency. If there is any considerable pain, or if pleurisy is present, exhibit either bryonin, codeine or hyoscyamine. Always endeavor to keep the pulse down to 80 per minute, or lower if possible, with the antipyretics. If the patient is asthenic, substitute strychnine for veratrine, using aconitine to control the temperature. Do not be afraid to push your remedies to full effect. It is a mooted question as to whether expectorants are indicated or worthy of use in pneumonia, but I have found that emetine seems to give the patient comfort, and make it practically routine practice to employ it where the cough is distressing. When, in the later stages, there is considerable exudate which is not being gotten rid of, stimulate the cough with sanguinarine nitrate. Nuclein to tone the blood and assist in combating the toxins and calcium sulphide to overcome infection, are invariably indicated. Iodized lime acts well in the promotion of absorption. Keep the bowels clean by the exhibition of the sulphocarbolates. Let me emphasize that all remedies, for the relief of the classic symptoms, should be pushed and pushed hard and without fear. If this plan of procedure is followed, and the patient is seen early, it will be found that in the majority of instances, the pathologic condition will be promptly overcome, the disease being either abated in fury, or aborted. Subsequent treatment, during convalescence, consists of the triple arsenates with nuclein. If pleurisy appears as a complication, follow the note under that heading.

It has been pretty clearly proven that tonsillitis succeeds the lack of proper elimination, and is a condition, rather than a disease, per se, and in consequence we should always see that the emun-

been effectually removed by attacks of intermittent fever. Vogel asserted that he has known it to cure asthma and hypochondriasis. The treatment as detailed in this book published sixty-five years ago, was emetics, opium, compression with a tourniquet in the cold stage, as used by Kollie, a Scotch doctor, in 1797. He claimed by compressing the circulation in both the upper and lower extremities the cold stage would last but a few minutes. Of course blood-letting was not neglected. Decoction of Peruvian bark was always given, but even at that time the author says, "the employment of quinine is much less apt to produce the inconvenience as the bark in substance." Some of the other remedies for the fever were dogwood bark, American tulip flower, horse chestnut, different oaks, willow, Virginia snake root, columbo, gentian, and quassia, black or cellar spiders web, muriate of ammonia, salicia, arsenic, zinc, Biel's arsenate of ammonia, black pepper, tartar emetic, and mineral acids.

In remittent fever the only change from the above was calomel, Dover's and oil. For the high pyrexia they used spirits mindererus, spirits nitre, etc., with warm drinks, and warm bathing. Typhoid fever, they called "synochus fever," "continued fever," and "idiopathic fever." They also got to a point where they differentiated "typhus fever," but never spoke of typhoid—meaning like typhus. They had also "pneumonia"—"pneumonia veliosa," and on the latter disease they laid the greatest stress.

Acute bronchitis, they called "peripneumonia rotha"; croup, "cyanche bracheolis." Chronic bronchitis was called "bronchial consumption," "catarrhal consumption," etc. Of course pulmonary tuberculosis was called "phthisis pulmonalis." They were great on miasm as the most prolific cause of fevers. Yellow fever they attributed to miasmatic effluvia, putrescent public filth. Rush and Saunders, in 1802, thought it due to the running of intermittent, remittent, the inflammatory and bilious fevers, into the malignant or yellow fever. In Charleston, S. C., in 1804, Dr. Ramsey stated that it attacked those who were subjects of neglected intermittent and remittent fevers.

Fifty years ago apoplexy was not understood as it is today. One old author says: "From a careful examination of much that has been written on this subject, as well as from my own observations, it appears clear to me that the opinion which assigns the characteristic phenomena of apoplexy to pressure on the brain, as the correct doctrine on this point." Further, "When blood flows more rapidly in the arteries of the brain than it can be returned by the veins, pre-natural distension of the cerebral vessels must be the consequence, and this general vascular turgescence must exert an unusual degree of pressure on the cerebral mass." That is simply congestion of the vessels. The author continues that "such vascular engorgement and consequent pressure, are capable of producing all the peculiar symptoms of apoplexy, admits of no doubt." Again: "It was formerly supposed that apoplexy from the rupture of a vessel, and extravasation of blood into the substance of the brain, is always necessarily fatal. The opinion, however, has been successfully controverted by the experience of many of the ablest pathologists of the present day." That may have been the opinion of pathologists of a hundred years ago, but it is not the opinion of the pathologists of today. Hemorrhage into the brain is invariably fatal, while hemorrhage on the brain is not.

This is funny. "The late Mr. Loper, prompter of the Chestnut Street Theatre, could always avert a monthly paroxism of epilepsy by applying a tourniquet to his left thigh the instant he felt the 'aura' creeping up from his left ring toe." Does anyone know which is the ring toe? I suppose it's the third.

One author says he things epilepsy is

the result of an accumulation of electric matter in the brain, or a super-abundance of the nervous power in the "sensorium commune."

Another author says: "Epilepsy is caused by the intellectual powers being affected by a derangement of the cineritions (what's that?) or pulpy substance of the brain, while the muscular system is influenced by the madullary fibers which are connected with the spinal apparatus of muscular motion." If you don't understand this theory, it is because you are stupid.

As to the treatment of epilepsy in early times, of course, you must not leave out mercury and blood-letting. The remedies were valerian, mistletoe, animal oil of Dippel, oil turpentine, root of peony, aquaricus, muscarius, artemisca, vulgaris, oxide of zinc, phosphorus, sulph. zinc, cupri ammonium, tin, lead, etc. Later opium, strammi-nena and camphor were employed.

(To be continued.)

ELECTRO-THERAPEUTICS

By WILLIAM R. D. BLACKWOOD, M. D., Philadelphia, Pa.

Continued from Page 396 November Recorder)

We have referred to paralysis in general terms, but I want to say a few words about a disease which although not common, yet when we get hold of a case, gives us lots of trouble, I refer to locomotor ataxia. This comes along slowly in most cases, and not unfrequently the disease is considerably advanced before its gravity is understood, at least I have met many instances under the care of men who, not knowing much about the paralysis indications, thought the matter to be rheumatism, or lumbago. To do anything for locomotor business means early and energetic treatment. Of course most instances come along after the patient has undergone the first or the second stage of syphilis, then we have to get up against the difficulty with both hands if he has not had the ideal treatment of this awful blood poison. I would not deliberately take syphilis for all the money in America. We hear young men talk about just as soon having gonorrhoea as a cold in the head; all right, let such fools have it, and have all the fun which comes along usually after a while—the cystitis, the bladder troubles, and the rheumatism which many times is a mystery to the doctor who does not look deeply enough to make a true diagnosis.

I had some years ago a young man of wealth, though vulgar beyond imagination, and he had run the list of doctors to a big extent. He told me that he had seen all in town except myself, and now I was the last, so "go ahead, doc. and fix me up, or I must jump into the river!" He was somewhat astonished when I asked him how long ago since he got the clap. "What! How the devil do you know that I ever had that?" "Never mind," said I, "tell me what I want to know." He said it was ten years ago, but it was cured perfectly. I catheterized him and he yelled murder although I was gentle as I always am in using that instrument. He had a granular urethra all right, and a chronic gleet into the bargain. Not one of many doctors had thought of the specific end, and, to make a long story short, I cured him with anti-gonorrheal remedies. I gave him no rheumatic things at all. So with syphilis, never get hold of a mysterious case without asking about probable blood poisoning; it is often there unsuspected.

When locomotor ataxia is established I do not care to bother about any remedies other than electricity. I give galvanism in heavy doses along the spine from the nape of the neck to the coccyx,

and keep up the flow for half an hour to an hour. Faradism to the muscles is also indicated; give plenty with local massage in any tracts that show loss of power or where cramps set in much, particularly at night.

Now I am going to relate a ghost story which caused considerable curiosity amongst the soldiers near Yorktown when we were investing that historic little town in the McClellan days when the men were wild about "Little Mac." There was a fine old stone mansion near our works which was haunted, so said the coons. No nigger could be induced to enter the mansion under any conceivable circumstances. The story was, that after dark, if anyone was foolish, or brave enough to sleep there, that noises like a woman running about in her bare feet kept the person awake, soon a ghostly shadow would appear on the wall, and creep up toward a window at the foot of a flight of stairs which led to the garret. This shadow was supposed to be the spirit of some dead woman who haunted the house. If disturbed by anything the noise of the feet would grow greater, then there would come a succession of bangs and sounds as though the ghost was banging a cane or such thing on the floor, and thereafter stillness reigned. Well, I thought that this might be elucidated, so one night when the moon was bright (and this was a necessity, they said) I went to the room affected, and seeing nothing alarming around I lay down on a rough cot which was there and for a time nothing eventuated. But, after a while I awoke (having fallen asleep despite the ghost, having in those days a clear conscience) and surely enough I heard a funny sound, so I got out of the cot and began my investigations. The moon was bright as day and, to make the matter correct, sure enough there was the shadow of the woman on the wall. It did look something like a female with her arms extended, and it ran up the wall, then down, then stopped at the bottom of the stair running up to the regions above, with which I was not familiar, not having looked into the place so far. The wind was blowing quite strongly and there was now a chance to distinguish myself, or to get whatever a ghost does to intrusive watchers, so I got up and commenced my investigation. I had a dark lantern with me already lighted, so I quietly crept to the foot of the stair and slowly climbed up to the loft above. The racket kept up all right and when I got to the top it was in full blast. Now being above the moonlight I was in darkness to a great extent, so, when ready (I had my gun in one hand) I turned on the light from the lantern and solved the mystery—the loft was full of rats running about, but why they did so I don't yet know, for there was nothing eatable about. My light surprised them and they scooted in good shape, and the noise of their feet made the woman's walking noise, the scratching of their claws made the funny sounds, and when they left the floor they did so by jumping through a lot of loose boards at the edge of the loft under the wash-board, and the bangs and clatter attributed to the ghost's cane were caused by the boards slamming against the wash-board as the rodents flew down into the space between the floor and the ceiling below. So much for the racket. The ghost's shadow was easier still. It was caused by the rotten curtain over the small window being blown up and down by the air-draught through some broken panes of glass, and the shadow ran up and down the wall and across the floor, looking very much like a woman's extended arms because of the holes being set about accidentally in the curtain so as to look like a face. Next day I explained the whole outfit to the men and it was a great thing for the "intelligent contrabands" who had for a long time been the purveyors of the story, and so ended the legend of "The Haunted Mansion of the Yorktown Marshes."

For many years it was thought that

magnetism, pure and siple, had no effect on the human system, because all magnets available sent out few lines of force, and the narrations of some writers in Europe were looked on as visionary. Lately, however, we have found that strong magnetic lines of force such as issue from the fields of generators in power-houses do have effect on the human system, and not long ago Bachelet invented an apparatus which sends out strong magnetic lines as proved by interpolating telephones or bell-magnets between the containers of the magnetic coils—a sort of inverted faradic mechanism, difficult to explain without diagrams. When seated between the magnets one does not experience sensation at all, no matter how strong the power, but that a flow is there is shown by the telephone as spoken of, and very good results are now being had through the use of such mechanism. Readers who would like to investigate this electrical phase can obtain pamphlets from Mr. Frank H. Hoose, 319 Mint Arcade, Philadelphia, together with circulars in all lines of medical work—high-frequency, static lights, etc. I am experimenting a little with this means of cure and some day will write it up.

The true nature of magnetism as such, of course, is not known. All that we can be sure of is that magnetic attraction does not radiate outward in all directions as does light, but simply acts along lines consisting of closed curves and called lines of force, these lines connecting the two poles and not extending very far outward between them. These curves may be found very nicely by placing a horse-shoe magnet under a thin sheet of paper and sprinkling iron filings in top. The filings will collect along the lines.

Now as to the different kinds of magnets there are natural, artificial and electro magnets. The natural ones are found as magnetic ore in the earth, the artificial ones are made by stroking a piece of iron or steel with a magnet, and the electro magnets are caused by the action of an electric current.

Some peculiar things have been noticed in regard to magnetism, among which are the following facts:

It has been observed that fire irons that have rested in one position during the summer months are often highly magnetized, no doubt having been caused by the magnetism of the earth itself by the process known as induction. Other iron articles that stay in one position and do not come in contact with fire or other heat are often found in the same condition, such as iron bars to jail windows and iron railings in front of houses.

The most peculiar observation made, however, was that the upper part of the steel tire of a carriage wheel attracts the north pole of a magnet, while the bottom part, or part in contact with the earth, attracts the south pole. This is in the northern hemisphere only, and is fully in accord with the theory of induced magnetism. Of course, in the southern hemisphere, where the earth is under the influence of the south magnetic pole, the conditions are reversed.

A magnet dipped into boiling water loses a great part of its magnetism, which is miraculously restored to it on becoming cool again.

A sharp blow given to a magnet will cause it to lose its magnetism. If a magnetic needle be placed over a rapidly revolving plate of copper, although it be separated from it by a thick plate of glass, the needle will revolve in the same direction as the plate.

VARIOUS TOPICS.

Parched squills alternated with potassium acetate and apocynum cannabinum is of much value in dropsy.

Sweetened vinegar or good cidar is said to be a sure cure for jaundice. Use it freely as a drink.

Cider is also said to be a reliable remedy for malaria.

J. A. Burnett, M. D.

THE DIAGNOSIS OF PNEUMONIA

By J. A. BURNETT, M. D., Little Rock, Ark.

Recently I asked the two following questions:

What are the five most important conditions or symptoms to look for or consider in making a diagnosis of pneumonia?

Is testing the hemoglobin of any diagnostic value in pneumonia, if so what?

Dr. E. A. Chapoton, professor of the principles and practice of medicine, Detroit College of Medicine, said: "The first question is indefinite in regard to the time in the disease when the diagnosis of pneumonia is supposed to be made. Generally the physician is called early, i. e. in the first two days therefore at such a time: First, the sudden intense chill; Second, the rapid rise of temperature; Third, the cough; Fourth, the respiration; and Fifth, the bloody sputum, establish the diagnosis before signs of consolidation appear".

"I have never heard of any available results in diagnosis from examination of the hemoglobin of pneumonia patients".

Dr. J. C. Evans, professor of physical diagnosis and disease of the chest, Willamette University, said: "In answer to your first question, (I presume the lobar type) will state the five most important symptoms and signs would be about as follows, considering a typical case,—"First, the clinical picture as sudden onset, with rigors, decided chill, and rapid rise of temperature, 103° or 104° F; "Second, rapid breathing with more or less dyspnoea generally accompanied with cough, pain, and rusty or blood stained sputum; "Third, dullness on percussion over affected areas; "Fourth, crepitant or other roles over affected region, occuring especially near end of inspiration; "Fifth, presence of micrococcus lanceolatus in sputum.

"Second question".

"The hemoglobin test in a suspected case of pneumonia is of little value but if considerably diminished would cause one to suspect other troubles".

The two following questions were asked Dr. F. B. Wayne, professor of medical diagnosis, Indiana University:

In what stages of pneumonia can rales be heard with a stethoscope and what kinds of rales are generally heard?

What are the five most important conditions or symptoms to look for or consider in making a dagnosis of pneumonia and pleurisy?

He said: "First, crackling rales are heard in pneumonia at the end of the stage of congestion and with beginning exudation into the alveoli and during the period of resolution as the alveoli become emptied; Second (a) Symptoms marking acute pleurisy—dry cough without expectoration or with slight expectoration, pain in side increased with inspiration, catchy respiratory movements, friction rales with deep inspiration, fever declines by lysis. (b) Symptoms in acute pneumonia—cough with rusty sputum, accelerated respiration, consolidation to percussion, crackling rales, ends by crisis. There are of course other differential symptoms but these are the most important."

I asked the two following questions:

In what stages of pneumonia do we have consolidation and can this be best determined by auscultation or percussion?

Is urinalysis of any diagnostic value in pneumonia, if so what?

Dr. R. Max Geopp, professor of clinical medicine, Philadelphia Polyclinic, said: "In the second and third stages, early in the first stage beginning consolidation is best determined by auscultation which is in all cases the best method of physical examination of the lungs in pneumonia. During the latter part of the third stage will also reveal the presence of consolidation. (Note

there is a great difference of opinion in regard to the comparative value of auscultation and percussion in the examination of the lungs. Personally I think auscultation is by far the most useful method, it is also more generally applicable and less fatigueing to a debilitated or gravely ill patient. Percussion is chiefly of value for outlining organs, heart, liver and spleen, and in determination of effusions in the pleural cavities.)

"Second Question. Yes. The chlorides are absent or greatly reduced in pneumonia."

E. E. Cornwall, Ph. B., M. D., professor of internal medicine, Brooklyn Post Graduate Medical School, said: "Second and third stage of red and gray hepatization, percussion and auscultation are both of primary value in diagnosis. If I could use only one I would choose auscultation."

"Second. Not more than in other infectious diseases. There is always more or less congestion of the kidneys in pneumonia and there may be a mild acute nephritis evidenced by a little albumen and a few casts in the urine. If urinalysis shows a pre-existing chronic nephritis it has prognostic value."

Dr. W. A. Oughterson, professor of physical diagnosis and clinical medicine, University of Nashville and Tennessee stated:

"A great deal depends upon the case, given a typical case, consolidation begins with red hepatization and continues through grey hepatization and in some cases dullness persists for several days after all other symptoms have disappeared and the patient is feeling quite well, in other cases especially in central pneumonia, dullness may never be elicited throughout the whole course of the case. In certain cases where a bronchus is plugged with mucus there is nothing to be heard on auscultation, any more than one would hear over the knee. Personally I should rely on percussion to determine consolidation.

"Urinalysis is of no diagnostic value except that the output of sodium chloride is very great in many cases. There is nothing else in a urinalysis that I know of that may not come up in febrile conditions."

I asked the following questions: Name the different stages of pneumonia and tell how you would recognize each stage. In what lung and lobe does pneumonia most often occur in your practice?

Dr. H. C. Muffitt, professor of principles and practice of medicine, University of California, said: "I believe it is absolutely impossible to divide pneumonia clinically into any stages. One sees well marked cases go along for several days before any signs develop in the lungs. I think all clinicians have pretty well given up any idea of following the old pathological stages. I think that perhaps one sees involvement of the right lower lobe a little more frequent than on the left side, but there is not a very great deal of difference".

Dr. W. F. Milroy, professor of clinical medicine and physical diagnosis, University of Nebraska, said: "I have never kept a record of the location of the area of consolidation in my cases of pneumonia. I have the impression that I have seen it more often on the left side and below. I believe there has been but a little difference in my experience. Some writers I believe place it more often on the right side and the lower lobe. The stages of the disease which I would name are those usually recognized, congestion, red hepatization, gray hepatization and resolution. To give the whole clinical history and physical signs is too long a story to write. It must all be considered. The recognition of the second stage could be done only by physical signs, viz signs of consolidation. The second can be distinguished from the third only post mortem. They overlap in most cases, probably all. The fourth is shown by the appearance of moist rales and the entrance of air into the part."

PASSING OF THE FAMILY DOCTOR.

By ISAIAH MILEY, M. D., Anderson, Ind.

False prophets through the press tell us o'er, and o'er,
The family doctor now is passing, soon will be no more.
That fads which now are much the rage,
Soon will be in front, and occupy the stage.
Yet the family doctor plods along the same old way
And it really seems that he is here to stay;
Until the last one of the people's prayers is said,
And the last pathogenic germ is dead;
Until the hand of death by sound, or gesture may be staid,
And the last bacillus in its casket has been laid,
The last pneumococcus has laid down and died,
And the last one of the gonococci is pasted on a slide,
Until is dead the last of all the pestering parasites,
That flies, or walks, or runs, or jumps upon the skin and bites.
Until doubtful meats no more abound,
And ptomains in them no more are found,
Until all the food that's sent to town
So perfect is that we may safely gulp it down.
And all the food that's laid away
Is just as safe some future day.
Until cooking gives us nothing bad, or tough,
And every man will quit just when he's got enough.
Until of all that's placed within his reach to bless,
He takes just enough, nothing more nothing less.
Until at the proper point his vital outlay may be staid,
Just as though 'twer in a scale and weighed.
Until his work shall cease just at the proper hour,
And no system e'er transcend the summit of its power,
Until every functionating organ as it proceeds,
Receives the proper pabulum to supply its needs.
And the phagocytes are working night and day,
So that all that's dangerous is quickly sped away.
Until every system in the body is treated just alike,
And no organ found therein is ever on a strike,
And every cell keeps its health, and never yields a pace,
So that pathogenic matter can never win a place.
Until at the proper hour every child is put to bed
And by its auntie, or grandma is never over fed.
And the fathers, and the mothers never sup, or dine
At the savory banquet's luring shrine.
Until the old man looking back until a lad,
With truth can say he never was provoked, or sad.
Had always come home early, and never drank, or eat,
A thing, that muddled up his head, or tangled up his feet.
And always had smooth sailing from the day that he was born,
In all his life he never nursed a felon, and never cussed a corn.
And the old lady, looking back o're the course she's run
Recalls no aches, or pains, her life was all composed of fun.
Her neighbors' hens and kids, and curs always acted right,
Her babies laughed and played all day, and never screamed at night.
Of fruits and berries green they never did partake
Never swallowed anything that made their stomachs ache.
From youth to age the good of others was their only pride,
From the pathway of the Nazarine they never stepped aside.
Until all the people in every neighborhood
Never say, or do a thing; but what is right and good.
Until people's temper is always sweet and mind is ever cool,
Love their neighbors as themselves and live by the golden rule.
When all the people just as perfect are,
As he whose birth was marked by Bethlehem's morning star
When from birth to death all shall live in this perfect way,
Then shall the family doctor have had his day.
When all o'er the earth these perfect people dwell,
There'll be no hospitals to treat the people's wounds, and make them well
No halls of justice to correct the deeds of son, or sire,
No church will lift dome, or glittering spire.
When on that fateful morning we shall rise,
We'll see the New Jerusalem descending from the skies,
While faddist and prophets false lie wrapped in their shrouds,
Physicians all shall rise, and meet "The Great Physician" in the clouds.

THIRTEEN UNCANNY TALES

X—THE MYSTERY OF ROOM THIRTEEN

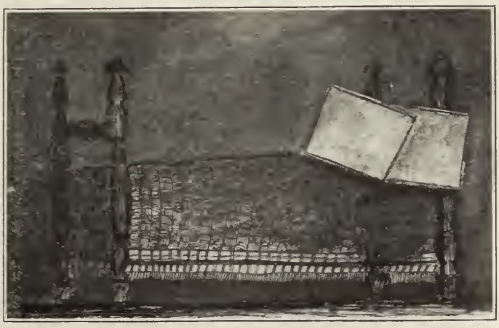
By GRACE M. NORRIS, M. D.

(Continued from page 406 December Recorder

Then Miss Bartols stopped abruptly and some of the horror which I had seen in her eyes on her first entrance came back to them. Her hand began to tremble again and the signs of fear and agitation increased so rapidly that I administered a sedative to quiet her.

"Try to think of the concrete facts," I said, "and leave the abstract aside."

"But I can't, Doctor," she exclaimed. "And perhaps what you call the abstract was more concrete to me than you think. As soon as I got in that room, Doctor, I had a definite sense of Earl's presence, but in a quite different way than I had ever experienced before. It was as if— as if his presence was there and he was trying to attract my attention and make some communication to me. I put it down to the fact that Earl had lived in the room, and proceeded to examine his belongings. When he called in the morning for the check that my father gave him he was dressed in a gray suit and carried a hand bag. His toilet articles were spread out on the dresser and his bag stood near, and things looked as if the occupant might be expected to step in any minute. And there were two rather significant things, Doctor! Earl's coat was hanging there, so was his hat, and his cane stood in a corner. Is it not strange that he should have left the hotel at a presumably very early hour of the morning at this time of the year, without hat or coat?"



A four post mahogany bedstead

"Scarcely probable that he should do so," I answered. "But, Miss Bartols, what of the check, was it cashed, did he get the money? Was there anything in the room to indicate he had secured the amount at the bank and had the currency with him?"

"There was no sign of it. He had taken a bag that father gave him that had been used for similar purposes. In fact, father had had the bag made for carrying money. I telephoned the bank and found he had secured the money in the afternoon, as he stated in his letter to me. And now, Doctor, listen to this, as an illustration of how unobservant most people are. Nobody in the inn could say positively how much baggage Earl had with him on his arrival. The man who had taken them off the cab was uncertain; the chambermaid who had seen him in the room was uncertain. But Earl and the bag of currency had disappeared."

"The probability is, Miss Bartols, that Mr. Godfrey never took the bag there at all," I said. "He very likely placed it in some other bank's custody, or in a safe deposit box."

But as I said these words my mind thought of

other things, that the man might have simply played with her feelings, waited for an opportunity to secure money and had turned traitor and deceived her, departed to parts unknown, purchased other clothes and left these things as a blind until he had reached a haven of safety.

"It may be so," she replied, "but I'm not so much concerned about the money as about Earl. I want to tell you what happened. The manager, Mr. Gray, was inclined to smile over the matter. He said, as he had previously stated, that Earl had probably gone off on some business of his own and would return in safety. Yet he admitted that men do not usually leave a public building at an early hour of the morning without coat or hat. However, he still persisted that Mr. Godfrey could not have possibly come to any harm there and that he would return, probably that evening, and as he had suggested before, I should stay the night there and wait for him. To this I consented, and I of course, occupied the room he had apportioned me to exactly opposite Earl's."

Read her mail

She paused for a minute and I replenished the fire in the fireplace and patiently waited.

"Doctor, you cannot believe what I went through during that evening and in the early hours of the morning until I came to you. I purposely dined late; I purposely sat up late. It was eleven o'clock when I went to bed—Earl had not made his appearance then. I got into bed and slept, after a fashion—a light, uneasy sleep. I awoke with a feeling of the utmost horror. I felt that Earl was in his room, and that he was calling me; or rather, it was not so much calling as a drawing, an attracting, a literal compulsion, which was forcing me to go to him. I lay there, sweating with terror, for some time. At last I had sufficient courage to get up. I opened the door of my room, then I slipped on my shoes and this long tourist coat and I went across the corridor. I pushed the door of Earl's room open and I stepped within. And—"

She showed such signs of evident terror at this step that I had to give her another sedative tablet and let her rest. After a moment's battling with her emotions she went on.

"Doctor, before God I felt that he was there, there in that room close to me, but not as he was. There—there was a difference. It was as if he was making a strong effort to materialize himself, and could not; he was behind some obstacle which neither of us could surmount and as if he called to me across a vast space through which his voice could not carry. But he was there—he is there! I tell you he's there, Doctor, somewhere in that room—oh!"

She began to tremble in every limb and though she did not weep and showed a courageous spirit, the mental agony was such that it was some time before I could bring her back to a calmer state. Then I asked her what happened next. She shook her head.

"I— I don't know," she answered. "I— I must have picked up my handbag," and she looked wonderingly, "and then I remembered that you were an old friend of my father and would help me, and I must have run down stairs. I remember now the night porter was in the hall and that he looked startled and astonished. Oh, yes, I remember too, that I said, 'Let me out—let me out!' several times and he stared queerly at me and held open the door. And then I saw a hack coming and I summoned it, gave the man your address and then

—what's to be done? I know Earl's there in that room—I felt his presence."

"What's to be done, Miss Bartols, at present is this—secure some sleep for you; you'll be ill and useless if you go on like this. Now, listen! I am going to take you to a lodging house across the street conducted by a lady I am personally acquainted with, who will give no cause for unpleasant remarks about you. Then I will give you a sleeping powder. I will send a maid for your clothes at the inn early in the morning with a plausible excuse for your disappearance, and after breakfast I'll help you in every way I can."

She shook her head as if in doubt of my policy, but I was firm and with my prefixed name and years she at length obeyed me, and I had the satisfaction of hearing from the landlady that she was soon sound asleep. And that accomplished I put the matter out of my mind. For to tell the truth I did not attach much importance to it, believing surely that the young man had got himself into some disreputable scrape or cleared out with the money and the girl was nervous and excited over these unpleasant conditions and a bad dream had caused all this useless folly and worry. But the first thing in the morning I took a practical step. I called on Phil. Rhyan of New York City, a noted detective, celebrated for his sagacity and penetration. He was a man of a few words and heard my account of the night's proceeding with silence.

"What do you make of it?" I inquired "Presentiment and telepathy are not much in your line, are they?"

The man shifted his cigar from one corner of his mouth to the other, looked meditatively out of the window.

"There's not much that isn't in my line, Doctor," he said, "and you know there's an old proverb that 'truth's stranger than fiction.' But I think we'll just automobile around to the Black Cat Inn with your friend and see if we can make anything out."

And so, after lunch, the three of us set out in a machine. The detective asked a question or two of Miss Bartols as we sped along. Miss Bartols was clothed in her own raiment and rest had completely restored her to her normal state, and there was nothing in her appearance to arouse criticism or attention. Yet I could see, as soon as she entered the inn, that the employes stood around eyeing her with considerable curiosity and before we had time to ask for the manager he came out of his office and greeted Miss Bartols in a fashion which showed that he had been in some anxiety about her. When he saw that she was accompanied, he hurried us all into a private room.

"My dear Miss Bartols!" he exclaimed. "I have been much concerned about you. I understand that you quitted the house at a late hour last night in a state of great agitation and—"

"Has Mr. Godfrey returned or been heard of?" inquired Miss Bartols abruptly.

The manager brushed an imaginary speck of dust off his immaculate suit. "I regret to say that Mr. Earl Godfrey has not yet been seen or heard of," he answered. "It is very strange."

"These are friends of mine," said Miss Bartols. "Dr. McAlpin who is a friend of my father, and Mr. Rhyan, who is a private inquiry agent."

Mr. Gray, the manager, favored Mr. Rhyan with a sharp glance. "I've heard of you, Mr. Rhyan," he said. "Do you think you can suggest anything about the disappearance of this gentleman?" Rhyan chewed his unlit cigar.

"Did anyone see Mr. Godfrey leave the house?" he asked.

"Not a soul," replied Mr. Gray.

"Could he have let himself out?"

"He could," said Mr. Gray, "but it isn't very probable that he wouldn't have been observed."

"Let us see his room," said Rhyan.

We all went up stairs together. As we drew near the door of the room Miss

Bartols began to show signs of great emotion. I was obliged to take her arm and speak firmly to her; even then she trembled with fear. Once wtihin the room her agitation increased. She shook from head to foot and when I placed her in a chair, she rocked herself to and fro as if in an uncontrollable paroxysm of grief.

"He's here—here!" she said, repeating the phrase over and over again. "I can feel him. And yet, O God, Doctor, what does it mean? It's as if—as if—he were dead!"

Rhyan, a cigar in mouth, hands in pockets, was looking about the room. My eyes followed him. There was in reality little to look at. The furniture was the colonial, solid and old fashioned; a four-poster mahogany bedstead and a great wardrobe. There was Godfrey's satchel open. Brushes and combs and the usual appurtenances were set on the great old fashioned bureau, with the great looking glass hung above. A coat was in the wardrobe and a hat hung there also. His cane was in the corner. Nothing could have been more ordinary, less romantic, than the appearance of that room.

Rhyan turned to Miss Bartols, without appearing to notice her emotion he in quired: "How many suits of clothes did Mr. Godfrey bring to town with him, do you know?"

"Yes," said she, "I do know. He carried this little satchel and had no extra suit; he wore a gray suit."

"There is the coat," pointing to the garment on the peg, "and about the hat, is that the panama he wore when you saw him last?"

She admitted it was. "And here presumably is the shirt he took off on retiring Monday night, for there are the collar studs and sleeve holders left in it, and excuse me Miss, but there are no other of his underclothes here or his shoes or stockings. So then I am supposed to understand that Godfrey, clad in his trousers and a knit undershirt, left the hotel in such a condition. His night shirt is folded on the chair. Well, it's a queer business!"

"Yes," said Mr. Gray.

But Rhyan's next move was indeed queer. First he walked around the old four-poster bed, then he got down on his hands and knees and examined it. And suddenly with a knowing look at me, he began to divest the bed of its clothes, pillows, counterpane, blankets, sheets, in regular order. It was one of those very old fashioned beds in which a layer of a feather bed and two layers of straw mattresses are deposited as in a trough, and held up by the ropes of the bed. Two mattresses on the bottom and the feather bed on top.

"Give me a hand, Mr. Gray," said Rhyan, as he stripped off the last sheet, and exposed the feather bed.

"You surely don't think—" began Gray.

"Steady," said Rhyan. "Now, then, help me to lift that mattress. Now for it—ah!"

There lay Earl Godfrey's dead body. That it was a dead body one could see at a glance. Godfrey had been murdered, anyone could see. Nor did it take more than a glance to see how he had been murdered. He had evidently been dealt a tremendous blow which had rendered him unconscious and had then been deliberately strangled. And the rope with which he had been strangled—part of an old bell rope, an old fashioned hemp-spun affair. It remained still around his neck, so tightly drawn and knotted that one turned heart-sick to think of the determination with which the deed had been done.

After a first frantic outbreak of grief, Miss Bartol's manner suddenly underwent a complete transformation. She became strangely cool and collected; the only signs of her inward excitement were betrayed in the glitter of her eyes, which looked as if they were already fastened on some victim who was to be punished without mercy.

"Who did it—who did it?" she repeated. "Who did it?"

"Ah, that's what we must get at," said Rhyan. "Find the murderer, gentlemen and Miss Bartols. Allow me to look up the room and let us go downstairs and consult, before we notify the necessary officials of the death."

"Now then," he continued, when we four were seated in Mr. Gray's private room, "who told you that Mr. Earl Godfrey had gone out on Tuesday morning?"

Now Mr. Gray began to think.

"I don't know that anybody did," he answered at last. "I think it was noticed in the inn that he was not in the dining room when breakfast was served, and I believe that the chambermaid finally volunteered the information that he must have gone out very early in the morning, as she found his room empty when she came on duty. I remember that the room had been tidied and put straight in the morning, because I happened to pass the open door and glance within and I couldn't help thinking that the chambermaid had been very expeditious."

"Let me see the chambermaid," said Rhyan.

Mr. Gray, however, could not produce the chambermaid. The woman in question, Hattie, had been taken ill on Tuesday morning and had asked for leave to go home for a week or two, and Mrs. Gray had given her consent.

Rhyan took another cigar from a case and chewed it for a while.

"What is this woman like?" he inquired.

"A strong, strapping six-footer," replied Mr. Gray, "able to do the work of any two women in the house. She has been here two years—a quiet, respectable woman."

"Where does she live?" asked Rhyan.

But that nobody could tell him. It appeared that nobody had sufficient interest in Hattie O'Rocky to care where she lived. And matters came to a standstill, when suddenly a little colored girl who had come in on an errand and who must have listened to this part of the conversation surprised us all by crying out in her shrill little voice: "I know Mister, where she lives, 'cause you sees when Uncle Aaron's funeral was there I went and the 'session passed her house and I seed her a lookin' out the winder."

The colored girl, Dinah Whitebush, was a niece of some of the servants and often came and ran little errands for the manager's wife. But Dinah did not know the name of the place or the street. It was on a trolley car line somewhere in a little village, but with dancing eyes she volunteered "'dat she could point out de house for us."

"Let this child come with us," said Rhyan.

"And don't say anything to your wife of what we discovered until we return."

With the pickaninny on the front seat, acting as a guide, and Rhyan, Miss Bartols and myself, we rode a long way before we paused at the end of a little dismal street, in a small village.

The fog was thick and the wind fierce, but Dinah led the way and we three followed the darkey youngster in a body to the house. It was the ninth building on that dingy little street and the house itself a peculiar, mean-shaped building, with two sides open to the street and a patch of damp garden in the rear. Three of us waited at the corner away from the view of the door, while Rhyan exchanged a nod or two with a woman who answered his knock. He beckoned us to approach, to enter.

"She's out," he said "but will be back presently. Ah, look here!"

Wtihin a little bedroom into which Ryan turned, as if by instinct, was a large trunk quite new, into which the owner had evidently been packing a large variety of objects. She had evidently interrupted the packing process to go out for awhile. A considerable number of articles lay about on the bed, and by the side of the bed was a new grip and

siut case, with the wrapping paper beside them.

Rhyan looked carefully around and from the trunk he pulled out a canvas money bag, which was identified by Miss Bartols as the one given Godfrey by her father. It was empty.

Then we came out and sat down in the dingy little sitting-room. The woman of the house entered from the kitchen.

"I think she is going on a long trip, is Miss Hattie. She ain't said nothin' to me about it, but she's busy a buying things an' packing of 'em, that it looks as if something was up, don't it? I have looked over her things when she ain't here and read her mail but I can't find out nothin.' "

"Too bad," said Rhyan, "but I guess she set her head on going."

The woman eyed us all with some curiosity, and then withdrew, muttering something about attending to her own concerns, and left the door open a crack for reasons of her own.

Rhyan closed the door and sat down, the money bag in his hand.

"This woman will let herself in with a latch key and come straight in here, and I must use tact, and the first object her eyes fall on will be me and this article, and if I don't fetch her first crack I am N. G. So the rest of you go in the little room and close the door."

We did so. Five minutes passed—ten—twenty. Then steps resounded on the sidewalk, the grating of a key in the lock, a heavy step in the hall. Then the door was thrown wide open.

A big, raw-boned, muscular-looking woman with harsh features and sinister eyes was before Rhyan—the murderess.

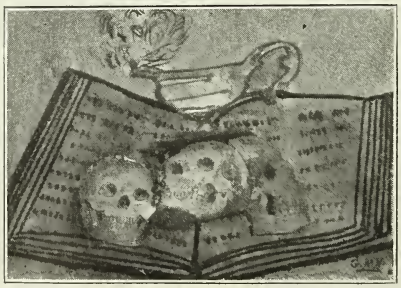
She stopped as if she had been shot and with a sharp cry fell in a heap to the floor.

Before they hung her at the county jail a few weeks later, Hattie, probably for the mere joy attendant upon reminiscence, told the chaplain "all about it."

"It was all his own fault," she said, "more his than mine. When I goes to answer a bell from his room there's the guest a countin' gold and guineas. 'There, chambermaid,' he says, 'is a heap of cash. Did you ever see so much before. Look's good, don't it?' Says I to him, you ought to put that air stuff in the safe down stairs. 'Not I,' says he; 'I keep it here under my own observation.' "

"Fool! Of course it tempted me to do him. And I done it easy to," condescended the ex-servant. "I only had to give him one hard knock on the head and the rest was nothin' at all. But I never had no luck. Oh, if it hadn't been for that little black devil, and a hurry on their part, I wouldn't have been sittin' here."

(To be continued.)



DISCUSSIONS

This Department contains each month discussions of questions concerning the medical profession, case reports, letters, inquiries and replies from our readers, and short articles on matters of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and sent it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

WHOOPING COUGH.

We have recently had an epidemic of whooping cough, and it is pretty bad too. For many years I thought that fluid extract of chestnut leaves was good for this long-continued and very troublesome affair, but for a few years past I think that I have been mistaken, and that nothing did any good at all. My four grand-children getting it, the baby only three months old, and with a bad dose, naturally I began thinking what might be valuable, and reasoning the matter this way—it is spasmodic, give some antispasmodic—the cough needs some simple cough syrup, and as we must continue treatment for many weeks look out lest the stomach is worried too much, therefore a little digestive, a sedative for the throat will come in nicely, so give a small dose of that too. The outcome was: Syr. wild cherry and essence of pepsin of each two fluid ounces; ammonium bromide, one drachm; tincture of hyoscyamus, one hundred and sixty drops. Mix, and direct. A teaspoonful now and then during the day according to severity of the spasms, and two to three doses after supper before retiring with, maybe one or two during the night if needed, this thing is always worse then in my experience. For the baby the dose was five to ten drops. The mixture worked wonders for these friends of mine, and has done so with all whom I am treating, (not many, but professional friends are trying the thing also, and report very favorably.) Now, this may not be anything new to the readers of The Recorder, but it is to me, so I give it for what it may be worth. I never before used electricity in whooping cough, but trying to do all for my dear grand-children, I have used galvanism to the throat freely, and there is no doubt at all but that it has relieved the spasm, and shortened it decidedly. Curiously the baby although very sick, does better than the other three. She coughs, strangles, vomits, then laughs as though it was a good joke. All have practically recovered in some four weeks, yet neighboring cases under other physicians are not a bit better although they were sick long prior to my children.

CACTUS.

As to cactus I am glad to say that I have found it a valuable remedy. I never used digitalis much anyhow, and long ago I dropped it. I have not had cases of accumulation which did harm, but I know of such in the hands of careful practicians, and I can get along with agents which are safe. I care nothing about the slim distinctions between cardiac stimulants and cardiac sedatives, there is a whole lot of rot in this direction. Stropanthus and cactus fill the bill in my work all the time. I care nothing as to whether a preparation is "proprietary" or not so long as it is good; on the contrary, I hold that preparations made by reputable firms in large quantities must be better than the stuff pushed out over the counter to ignorant patients, and equally ignorant doctors, by retail druggists, especially in the country, which may be stale, inert, or even often substitutes. Constantly I use the cactina pillets, frequently for two reasons i. e. they are actually the alkaloid of cactus, and they are portable and powerful in small doses. Sometimes we might use them in larger doses than recommended. Many years ago I had a patient who found great relief in tumultuous cardiac action by this agent

in doses of two or three twice to four times daily, but one time she got rattled and whilst waiting for me to come she took ten at once, and in an hour or so afterward five. The frenzy cost me hundreds of dollars, for she needed me only once or twice in a couple of months thereafter, whilst prior to her venture in massive medication she had me sometimes twenty times in the same period of time. She told me when I remonstrated about her doing this that "you don't believe in homeopathy anyhow, do you?" The master machinist of the New York Metropolitan Opera Company, almost died on the stage one night when I was away, the one night in many years when I have been absent from my post as house physician since the Academy of Music was built here. The stage carpenter of our house took chances when he was told by the new worker that it was heart trouble, and gave him cactina pillets which he knew I used in such cases, and he gave him big doses too. This man carries these pillets in his vest pocket always, and since that night he has seldom had serious trouble, for at once on premonitory symptoms he goes for the cactina.

I hope this will answer the query made by Dr. Burnett, and I give them to The Recorder with much pleasure, for I know it to be a journal unsurpassed and hardly equalled in the huge list of so-called medical monthlies.

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Philadelphia, Pa.

DRUG STANDARDIZATION.

For several years, the question of standardization of drugs, and their preparations, employed as remedial agents, has had more or less attention. There is probably no branch of medicine that requires closer attention than does this one of standardization. It is a well-known fact that many of the crude drugs shipped into, or grown in this country are far from standard in strength, and if preparations are made from such crude materials, and not standardized, there is very liable to be an extensive variance in the potency of such preparations. It is also a well-known fact that many plants vary in active principle content, according as to what the conditions under which they may grow may be. It is also known that many drugs are adulterated prior to being placed upon the market, and that even after being marketed by the producer in their true state, they may be adulterated by unscrupulous dealers. Extemporaneous preparations, made from such adulterated drugs, by those who are not in a position, or who are not equipped to make thorough assays, will undoubtedly be below the approved standards. This argument likewise holds good where preparations are made from pure, crude drugs, under like circumstances, owing to the fact that the crude drug is very liable to vary largely as to strength and character of active principle content. Jaborandi grown under one condition will be high in the pilocarpine content and low in that of jaborine, while under different conditions, the reverse will be true. In so far as the physical appearance of the crude material is concerned, there will be no appreciable difference, and the only means of making standard preparations of such a drug would be by first assaying the crude material, and fully determining its active principle strength prior to treating it. This is likewise true of many other drugs. In fact there is almost invariably a difference in percentage of the active principle content of all plants, and of such extent that unassayed preparations, even though made after the approved methods, are very liable to be far from standard.

Plant preparations are assayed and standardized according to certain percentages of the active principle content, which may be either alkaloid, glucoside, resinoid or oleo-resin in character, and

the dosage is based wholly upon this strength percentage. In consequence of this, extemporaneous, unassayed, preparations are very liable to a vast variance, and should not be employed as remedial agents. In addition to the active principle content, in all preparations of the entire drug, are to be found other extractive matters, coloring matter, and in most cases more or less tannin. Such products may, or may not, act to inhibit the activity of the principle upon which the virtue of the drug is based, and be it as it may, they are not necessary adjuncts, either therapeutically or otherwise and there is no reason for their appearing in the finished product, as it has been found that the active principles, in almost every instance, may be isolated in their simple forms, uncombined with any extraneous matter of any sort, whatsoever.

In the standardization of many plant preparations, in which the plant may carry a number of active principles, (opium for instance) in many instances it is only necessary that the percentage of strength be based only upon the proportion present of the most pronounced active principle, regardless of the percentage of the other principles present. In opium preparations the standard is based wholly upon the morphine content, regardless of the fact that the crude drug carries numerous other active principles, and a difference in percentage of any of the latter may possibly, entirely change the action of the preparation made from this drug. It is apparent that any basis of standardization of this sort is bound to be far from correct, in fact drug preparations of this sort are not standard, excepting in so far as the one principle is concerned, upon which the assay has been based.

But why all this contention regarding the standardization of entire drug product, when the desirable products are the active principles of these drugs. In the last edition of Merk's Index are to be found scores of active principles listed and the same is true of the lists of all the chemical houses manufacturing full lines. Many of the specially chemical houses likewise list numerous active principles in their simple forms. The facts of the matter are, that in very few instances would one have to rely upon preparations of the entire drug in order to obtain remedial agents.

As early as 1813 there were certain active principles isolated and which have been employed in their simple forms since that date. Something like half a century ago Burggraeve of Ghent, advanced the idea that it was unnecessary to employ preparations of the entire drug plant in order to obtain desired results, and that, in his hands, the active principles of such drugs gave all desirable effects, and that in this idea he had solved the question of standardization, knowing, as he did, the exact strength of every product of this sort, that he employed. This was a new idea, and at wide variance from the theories upon which therapeutics had been hitherto based. It was, and still is, contended by many, that the presence of the other constituents of the plant, other than the active principle, was and is, necessary to obtain the full action of the drug. In spite of this contention, Burggraeve demonstrated that his theory was based upon a firm foundaton, and that he was able to obtain all the results that others were obtaining from the whole drug products and that his results were obtained with a greater surety. The Burggraeve idea took root and grew with amazing rapidity upon the Continent. Something like two decades ago this idea was introduced in this country and met with the same objections as those with which Burggraeve met some thirty years earlier, but profiting by his experience and that of others who had employed the active principles on the Continent, those men who introduced these agents into the United States were able to show the weak points of the arguments put

forth by those opposed to active principle therapy.

There was no attempt made to standardize the whole drug products until after the introduction, and use, of the active principles in their simple forms, and as such standardization was based upon the active principle content, it would seem as though such procedure were made through fear of future results commercially, than for other reason, as Burggraeve, and others, had shown conclusively, that results from plant preparations were based wholly upon such active principle content, and not upon the other portions of the plant, such as coloring matter, tannin, cellular material, et cetera. In fact, it was shown conclusively, that the isolated principles had a higher activity alone and uninhibited, than when combined with the balance of the plant makeup.

Recognizing the fact that the isolated active principles have been found to give all the effect of the entire products of the plants employed as remedial agents, it would seem that instead of employing such products, or attempting to standardize them, it would be rational that such products be dropped and the active principles be employed to the exclusion of all other plant preparations. They give products of unvarying strength and standard and very largely overcome any opportunity for adulteration. In addition, there is always dependence to be placed in the matter of dosage, owing to the unchangeable condition of these isolated principles and no matter what their age may be, or the conditions under which they are kept, there is very little opportunity for deterioration. On the other hand, it is known that preparations of the whole plant, more especially those of a fluid nature, are very liable to change. Many of them show precipitation with age, and without assay at such time, it is impossible to determine the strength or dosage, and there is more or less danger dependent upon the use of such deteriorated products, even though they may have been of true standard when freshly prepared. There is always a certain percentage of evaporation in all fluid products and such evaporation raises the active principle strength of the product, so that the dosage does not remain invariable at all times, regardless of the primary standard quality of the product. With drugs of high potency this may mean that old products may be dangerous of administration because of either of the facts stated above.

There should be a basis of drug standardization which should apply to preparations of an unchangeable nature, and not to those which are known to be subject to climatic and other conditions and it would seem that the only rational basis would be one relative to that of the isolated active principles. They are the only plant preparations which are absolutely unchangeable, when they are properly handled and manufactured, and always of the same standard. There would be no guess work regarding dosage and no fear regarding the employment of inferior or decomposed agents. If there must be, and there should be, standardization of the drugs in medicine, let it be of such products as will not change with age, or because of the action of light or the climate.

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Fairview, Nevada.

SOCIALISM AND MEDICINE.

If you will be patient to listen to this paper, I will try and impress you with a few facts. In the first place, I have been a reader of The Wisconsin Medical Recorder for four years. I have been deeply interested in the story of "Nan," and the "Skeleton" papers, also other valuable pieces. Now, let me have a little of your time to verify the sentiments of these pieces. In the first place, we are told in sacred writings to work out

our salvation with fear and trembling, and it has surely been a true saying. For when we think of the needless misery and woe that has existed for these thousands of years, and when we see that it is producing disease and death at a frightful rate, and as we look back on the pages of history of every age, and note the ignorance of man, we are made to exclaim; O, God, what is man that thou art mindful of him.

The world is going to be a better world to live in before long; there has evolved in the course of this, man's long suffering, a principle which is permeating every home in this nation and around the world, which will be utilized before many decades shall pass. I shall quote the words of Robert G. Ingersoll, in his vision:

"I see a world where thrones have crumbled, and where kings are dust. The aristocracy of idleness has perished from the earth. I see a world without a slave. Man at last is free. Nature's forces have by science been enslaved. Lightning and light, wind and wave, frost and flame, and all the secret subtle powers of earth and air are the tireless toilers for the human race. I see a world at peace, adorned with every form of art, with music's myriad voices thrilled, while lips are rich with words of love and truth—a world in which no exile sighs, no prisoner mourns—a world where labor reaps its full reward; where work and worth go hand in hand; where the poor girl trying to win bread with the needle—the needle, that has been called the "asp for the breast of the poor"—is not driven to desperate choice of crime or death, of suicide or shame. I see a world without the beggar's outstretched palm, the miser's heartless stony stare, the piteous wail of want, the livid lips of lies, the cruel eyes of scorn. I see a race without disease of flesh or brain—shapely and fair—the married harmony of form and function—and, as I look, life lengthens, joy deepens, love canopies the earth; and over all, in the great dome, shines the eternal star of human hope."

While Mr. Ingersoll was one of the greatest republican lawyers and statesmen of his day, and though his views on religious subjects were not in accord to the popular belief of his lay, it cannot be denied that he was a man of high mentality and much ahead of his time. But we can see in the drift of the nations, an inclination to this prophetic vision. The minds of thinking men are becoming more liberal, and today finds us praising and almost worshiping men and theories that only a few years ago were hated and despised. Practically all men are desirous of something better than we have had in the past. Our American nation was founded upon the first republican principles because they were seeking a better form of government than that which they had in the old world. And when we see the United States today, with its vice, crime, suicide, intemperance, anarchy, and its homes broken up, its free love, white slave traffic, grafting, and its murder in mills and mines, and its child labor, and lawlessness, we can plainly see that we have not yet secured an ideal government. We can see that all men and people have not got equal opportunity in life, and liberty and the persuit of happiness. We can see in our noble profession, where the sick and diseased have not got the same chance to the best medical, hospital and sanitary care, as the man who has been blest with plenty. We see every day little children with diphtheria, where their parents are not able to procure antitoxin and as a result have to be treated by medicines that are cheaper and of a back number,when the more fortunate children, born of wealthy parents, can be treated by this best and most expensive of all medicines. Now, some one will say, that the physician should furnish this medicine; but let me say that the physician as a rule is not able to buy this drug, and provide for his own

family, and meet his obligations. Now, as this is true of antitoxin, it is also true of other medicines. Why could not the Government, the state, county or even the city, furnish these and all other drugs to the physician, to be used to prevent and cure the diseases that humanity is subject to? But in order to furnish them at least expense, let this Government make or manufacture its own drugs. And as we have spoken of drugs, the same would apply to all instruments. Today there is only a very small per cent of physicians who own an X-ray, and in order to be examined with this useful and powerful instrument, the patient is forced to the expense of leaving his home, traveling for miles on a railroad, and then paying a good sum to the owner of the machine for using it on him or her, when it may be that valuable time has been spent and the patient loses his life by all this loss of time; all needless if there had been kept for public use by the local physicians, an X-ray in the town or village near where the patient resided. Physicians today are forced to compete with one and the other, when they should co-operate. And this produces envy, hatred and a false deception toward one another. Further, if the government, (which is the whole people) would select the better grade of physicians, and pay them a reasonable salary, to take care of the sick, then the poor and wealthy would all receive better attention, for the facts are that no physician under the present system, can afford to let his light shine as he would under the co-operative form of practice, for as it is now, if he seeks to prevent disease, he is cutting off his own prosperity, and making his own practice impossible, and there are very few men that would do that in any business. Further, as it is today, the physician hastens from one patient to the other, and spends as little time at each, as he possibly can in order to get back to his office, for fear that some of his patients will leave him and go to the other physician, and after they have once fallen into the care of the other fellow, it may be that they will never come back to the first physician, for regardless of the so called ethics of this day, it often happens that the ethics is for the other fellow. Under this system, preventive medicine can never reach its maximum, for if it does the physician will have to find some other vocation whereby he can make a living. And how sad it is, that this is true; that we know, that duty says get out and use your best talent and means to stamp out disease, and yet, if we were to kill all the mosquitoes in the state of Oklahoma, with an hundred dollars worth of permanganate of potash, we would lessen our income to the tune of hundreds of thousand of dollars, collectively. Now, some one may say that the writer is not a true representative of the medical profession, and then let me say, that I am a graduate of a reputable medical school, since 1893 and have been practicing the profession ever since, and am not void of a heart, conscience or soul, and believe that I am a pretty fair average of the profession. And I can truthfully say that the money consideration, is the most painful to me of all the elements that enter my life. It makes me tremble to be forced to ask a poor helpless woman or man, if they have any money to pay me for my work, and yet, I look around at my good wife, and see that to be generous, to these sick ones, is to only be heartless to the one whom I took to support and provide for. Then I think of my debts, and the notes that I owe a friend who loaned me money, and there are several other things that enter into my mind, but right here let me say, that for those very reasons, the writer is a very poor man today, and in debt for a home and other things, and for sixteen years, he has enjoyed a good practice. Humanity for all ages has been progressive. We know that serfdom was one step higher than savagry.

We also know that the so called civilization of the present time is a step higher than serfdom. And we either have to take a step backward or else go forward. We connat stand still. And he who thinks that this country with all its crimes and misery and broken homes and graft and insane hospitals, jails, almshouses and anarchy, is at its highest and best form of government, is surely a blind or mad man. And it is for this reason that I am suggesting some things that will better our condition. Some will say, that this is socialism. I do not deny that fact. For though ten years ago I despised socialism, or thought I did, from the fact that I was ignorant of its principles. I had been taught that it was everything that was bad. But let me say that instead of finding it to be what I was taught, I, after looking at Webster, and The Encyclopedia Brittanica, was forced to believe that the capitalistic system was just the things that I had been taught that Socialism was. That Capitalism was producing free love, anarchists, thieves, robbers, communists, tramps, murderers, and all the other bad things, that the socialists were accused of. I find that if we would do away with the profit system, we could and would do away with almost all the crimes that our preachers have been preaching against for these two thousand years. We know that if we will take the profit out of the whiskey, there would cease to be saloon owners. They would not go into any sinful business, if there was no money to be obtained thereby. And if the profit was knocked out of all products, there would be no incentive to adulterate foods, drugs and the like. I hold that it is profit that generates many if not all the crimes and degredation that is extant in this country. As long as we are forced to maintain an existence by means of profit, just so long will we be a backward nation in all the higher elements of life, and instead we will retrograde to sin and shame, and police and law and order will fail. I will hope that some of the physicians wil reply to these words, and if they only cause some one of the profession to go to studying, as I did, it will fully pay me for all the time that I have taken to write this paper. I am not a pessimist; but no man has a better opportunity to see the awful condition of the poor, than the practicing physician. And if we only go to reading such things as The Pittsburgh Survey which was sent out by Mrs. Russell Sage, and then apply it to the whole country in a greater or lesser degree, and remember that we have cancers on the body politic the same as we have on the individual human being, and that we can only hope to cure by treating the cause instead of the symptoms, that reform and palliative measures will fail as they have always failed, and that nothing but a revolution will ever eradicate the evils and wrongs, that all good men want to suppress. I am yours for the betterment of our profession and country.

W. H. Davis, M. D.

Castle, Okla.

HINDRANCES TO SOCIALISTIC SUCCESS.

I have always believed that civil society, by which industry is made tributory to idleness, is radically wrong. It has always been so, and instead of getting better, gets worse. There is so much depravity and crime. It is well known fact that a large portion of mankind subsist without labor, preying on those who pursue useful and honest avocations. They are the gamblers, saloon keepers, and loafers generally. Those in the catagory named, are criminal loafers. They produce nothing, but consume everything. They enjoy more of this world's goods, than does the working man. They give no adequate return for the blessings (?) they enjoy. There is, therefore, some fundamental error in the structure of a political and social system which permits such un-

depend on labor, and it is an oracle of Holy Writ, that "in the sweat of thy face shalt thou earn thy bread." This principle finds a ready response in lives of the honest, producing class. There are two causes for this state of things, and they may never be remedied. First, the imperfection of civil and moral government. Second, popular ignorance and idleness.

If civil government were so organized as to compel every man to pursue an honest and useful occupation and also establish a uniform standard of value for labor of all kinds, this inequality would not exist. It is well known that the lightest labor pays the best. The labor of the husbandman, the mechanic, and those who delve in mines, and tunnel mountains, are as important,—yes, more so, than the clerk, or commercial man. The banker doesn't work so hard, nor expose himself as does the man who brings forth from the soil, the staff of life. Yet such is the rule, and such the irremediable condition in our social system.

So long as the masses of mankind remain ignorant, and have no aspirations for higher things, they will always be subject to the crafty, and the brainy element.

They are incapable of guarding themselves against the plans and schemes of the wiley, who have always been, and always will be able to overreach them, and defraud them out of a just proportion of this world's goods. Being unable to thwart the policy of those who contrive to live at the expense of human credulity, they will ever be kept in a condition of inferiority and dependence. These customs and evils of our social system, would seem to be now, as they have ever been, as immutable as the laws of the Medes and Persians. The dependent have never been able to wield any effective weapons of defense, and so long as the masses are devoid of ambition, and honest industry, such a condition will not remain, but get worse to the end of time.

Come, fabled muse, inspire poetic
rhyme;
Which shall record, some errors of the
time;
That we are sadly in the lurch,
Is not denied, in state or church.
The primal law, vouchsafed to man,
Coeval with the day when sin began,
Ordained an honest way to live,
By which the Lord, our bread would
give.
This law, construed by common sense,
Allows no frauds, nor false pretense,
Nor crime, nor thefts, must we obtain,
A living, by dishonest gain.

D. L. Field, M. D.

Jeffersonville, Ind.

SOCIALISM.

Reply to Dr. Field's article in the August Recorder.

The most important subject being considered by the people of the world at the present time is socialism. If Dr. Field and other able gentlemen (or ladies) state that socialism is Utopian or impossible, they are simply giving expression to their own opinions or desires.

It is the "impossible" things that are always coming to pass. A treatise was written to prove the impossibility of constructing a steamship that could cross the ocean. It was published in time to be carried over on the first steamship. Such experiences are always new and always old. The world will probably always have its Dr. Fields to obstruct the car of progress. Who is so omniscient as to say what shall not happen, just because it never happened before? Dr. Field could learn a useful lesson from a distinguished gentleman of the same name, who, in spite of all opposition, even carried to the point of suggestions to have him confined in a lunatic asylum, laid the first Atlantic cable.

Nothing is more certain than that this is a world of perpetual changes; and our

present apology for civilization is not here because some naked savage in the far distant past conceived the notion that a university education, and automobiles, and wireness telegraphy would be fine things, and was disputed by another who said it was contrary to human nature and therefore impossible. Like everything else, it is simply the product of forces, acting and re-acting; it is the stage or point reached by mankind, with a certain average nature, in their struggle with the varying environments with which they have had to contend along the way.

Self-preservation is the first law of nature. It comprehends the dominant traits mentioned by Dr. Field, viz.: "avarice, greed and selfishness"; or rather, under a distorted ethical idea, it creates them. It is that ruling trait of mankind which, in the past has forced men to combine into larger and larger groups for mutual protection and safety; and it is the one which will finally compel a still greater combination than any heretofore seen in order to save the many from the "greed and avarice" of the few.

Social changes are consequent upon discoveries and inventions; it may of an instrument of warfare, or a tool of production or distribution; however, time is an element in the adjustment; but, sooner or later, they force or compel new relations between the members of society, and determine the characteristics and ethics of that society. Yet, self-preservation, a form of selfishness, is the motive force that leads to the final result.

That the establishment of a co-operative society will eliminate poverty and crime, and cause men to cease their hoggish actions, by removing the cause that stimulates such actions (study the literature of socialism and be convinced), will be merely an incident, brought about by removing such predisposing causes and not because a change of heart is required.

At the present time, it is not a question of whether or not we are to have socialism, for production and distribution are already socialized—that is, operated collectively—but for the benefit of only a few owners of the gigantic modern tools of production and distribution. The only question is, how long can the outsiders endure the ever increasing concentration of unearned wealth (taken from the producers by "mental" force) in the hands of an ever lessening number of the superfluous owners, while an ever increasing number is thereby deprived of comforts or necessities, produced in many instances by their own labor, before they are forced to take possession of the machinery of production and exchange?

The collectivity can make use of some convenient instrument of exchange—the only necessary function of money—and thus deprive it of its present power as a plundering device: this simply as the only possible means of salvation for all the people.

Machinery would then become the servant of all—a true labor-saver—instead of a breeder of contrasted wealth and poverty, superfluity and deprivation, with the very worst elements of human nature unduly stimulated at either extreme.

The trusts are not a matter of choice as some seem to suppose, but were invented of necessity by the great capitalists as a measure of self-preservation. It was the only way (after the capitalistically owned machinery could produce more goods than the wages of labor could buy back) of escape from more or less perpetual chaos in production and marketing of goods, as the hap-hazard method afforded no safety to the wisest and shrewdest business man. And the trusts inevitably lead to greater and greater concentration and they are practically unavoidable under a capitalistic system. This has already—according to the statement of a capitalistic apologist (see Everybody's Magazine for August, September and October) placed the rest

(Continued on Page 455)

RUNDSCHAU

By H. SPEIER, M. D.
Minneapolis, Minn.

INDICTMENT AGAINST ARTIFICIAL TEETH.

So-called modern improvements are not altogether unmixed blessings. Many of them have given rise to new troubles and tribulations peculiar to themselves and it is doubtful if, after all the sum total of human happiness has been greatly increased by them. Some of them even embody a threat to health and longevity. Such a charge has recently been brought against artificial teeth. "There is a growing conviction," writes Dr. J. C. Bayles in the Independent, "that what hygiene, medicine and surgery together have accomplished to increase normal longevity is effectually neutralized by the expedients of modern dentistry."

That is no doubt a gross exaggeration, but it contains enough of truth to merit consideration and serve as a note of warning. It is unusual, the writer argues, to keep natural teeth comfortable and useful much beyond the age of fifty. From one cause or another many persons lose them between twenty-five and forty. Dealing with the facts of average human experience, not many sets of natural teeth are serviceable after fifty. Here the dentist steps in and the useless or lost teeth are replaced by a set of artificial ones. The result is at first highly satisfactory, for not only is a pleasing cosmetic effect produced, but the possessor of the new teeth feels rejuvenated and rejoices that he is again able to eat everything. And he is very apt to do this and indulge his appetite. People thus rejuvenated are very apt to eat a great deal too much and to include in their dietary things they had better avoid, such as strong meats in the form of steaks and roasts which, without teeth, could be eaten only when stewed soft or minced. The ill-effects of such over-indulgence do not fail to present themselves in the form of digestive disturbances of varying degree. Many are supposed by Dr. Bayles to succumb every year prematurely to diseases following the excesses rendered possible by artificial teeth.

The picture will appear to many overdrawn and the criticism far-fetched. It must be conceded without discussion that conservative dentistry and dental surgery are of great benefit to mankind. The indictment lies properly not against dentistry and false teeth, but against their abuse in disregard of physiological laws. It is one of the hardest lessons for man to learn, although taught by philosophers, sages and founders of religions since time immemorial, that only by obedience to the laws of nature can comfort and happiness and health be gained, and that every infraction of them brings with it its own penalty. If people would live according to the precept, curb their passions and appetites, the office of the physician would indeed be very restricted. Old age consists not only in the hardening of the arteries, but in a uniform, gradual and progressive recession of all functional activity of the body, particularly pronounced in the digestive sphere. The capacity of the stomach is lessened, its muscular and nervous energy decreases, gastric juice and intestinal fluids are secreted in smaller quantity and are less energetic in action. This altered condition imposes corresponding alteration in diet, abstinence from such foods as require the fullest digestive power, chiefly meats, and dependence on such as are easily digested and quickly assimilated, chiefly milk, eggs, cereals. The proper diet of old age should be similar to that of early infancy. When this stage has been

reached in the devolution of the individual, he needs teeth no more than he did as an infant, and nature does away with them. Artificial teeth have only one legitimate use in the aged—that of ornamentation. That they supply a strong incentive to abuse the lessened digestive powers is only too true and the article in the Independent, by calling public attention to it, will do good in spite of or perhaps in proportion to its exaggerations.

POLIOMYELITIS.

Although investigations into the true nature and cause of anterior poliomyelitis, infantile spinal paralysis, are not nearly complete and have not yet given unquestionable results, enough has already been accomplished to point the way and show where final knowledge and effective therapy are to be found. The disease has become one of great interest to American physicians, because extensive epidemics of it have occurred in many of our northern states, more than five thousand cases having been reported within three or four years, and no community or section seems safe from it. Infantile paralysis has been known for a long time. But it strikes older physicians that the form which we see now may not be quite the same which presented formerly, for then, while the general run of symptoms was about the same, recovery was the rule, while now there is considerable mortality from it.

Of the numerous studies of the disease those by Flexner and Lewis of the Rockefeller Institute, published successively in the Journal A. M. A., have contributed most to a proper knowledge. They conclude that the causative agent is an organism, and although they have not yet been able to isolate it or show it under the microscope, the evidence they produce is convincing. The organism is "of great potency, resistant to freezing, drying and glycerinization, infectious and certainly contagious. It is resident in the body of the affected person, in the cerebro-spinal axis, the cerebro-spinal fluid, the mesenteric and other lymph glands, the nasal mucous membrane, the saliva and possibly elsewhere. It is discharged from the body chiefly by way of the nasal mucous membrane and possibly finds its principal avenue of entrance by the same route, though it has been successfully inoculated in several other ways. Whether or not the virus is ever conveyed by insects is undetermined, but the possibility of such conveyance warrants the most thorough precautions."

The pathological changes, determined by autopsies, are those of a specific general infection, expending its destructive energy chiefly on the grey matter of cord and brain. The range of symptoms is quite large. Usually the onset is sudden, marked prostration, headache, pain and rigidity in the back of the neck and along the spine, tenderness and pain on motion of the extremities with modified Kernig sign, rapid pulse, fever, sometimes vomiting and usually constipation, less frequently diarrhoea. In the cases reported from Minnesota diarrhoea was rather frequent. Late delirium, convulsions and stupor. The paralysis, which affect both the territory of the spinal as well as the cerebral nerves, develops usually after a few days, but may be entirely absent in cases of either great mildness or special severity. Again a paralysis may be the first symptom noted.

No doubt many cases have failed to be recognized especially in the beginning of the present epidemic, but now, physicians being awake to it, a mistake in diagnosis is not likely to occur. Still in its earliest stages poliomyelitis may be confounded with influenza, typhoid, rheumatism, severe auto-intoxication, even one of the exanthemata, as a rash is occasionally present in poliomyelitis and principally with meningitis. But the continued absence of the diplococcus intracellularis from the cerebro-spinal fluid obtained by lumbar puncture

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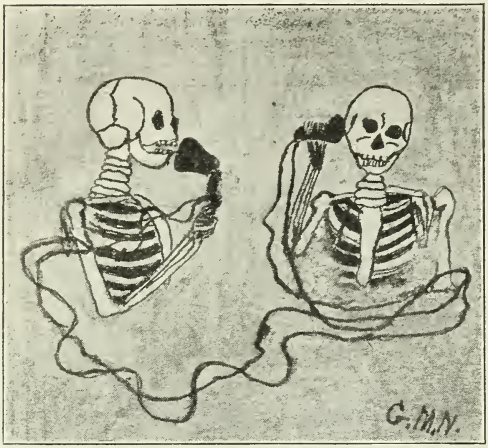
THE SKELETON PAPERS

By Grace M. Norris, M. D., Richfield Springs,, New York.



SYNOPSIS.

The supposition is that the parents of two skeletons, neighbors of the same town, migrated during the childhood of the latter, one family to the western part of the continent and the other to the eastern. Both reached their majority and became disciples of Aesculapius, and after years of devotion to the art of Hippocrates, on their demise were interred in the local cemetery of their native village. Their tombs being connected with a telephone line enables them to engage in conversations on various practical subjects.

III. THE IDEAL DOCTOR.

First Skeleton. We first want to know what a physician should be. Shall we judge by the physician of to-day as a whole?

Second Skeleton. I regret to say that we cannot, for many doctors are a disgrace to the profession, being utterly devoid of principles and morals, always ready and willing to do anything for money or notoriety.

F. S.: How then, shall we ascertain what he should be?

S. S.: By learning what his profession demands of him?

F. S.: We know that the practice of medicine is the highest art that man can aspire to, for it deals with the lives, health and happiness of the human family.

S. S.: It is the physician who helps us into the world, and is with us until we pass out. He is first to welcome us when we arrive and the last to bid us farewell when we depart.

F. S.: He is taken into the confidence of the family and intrusted with its secrets.

S. S.: He has great influence in the community in which he lives.

F. S.: These things being true, one can readily see what a physician should be.

S. S.: First we would say, he should be born.

F. S.: Yes, for physicians are born, not made.

S. S.: Born with a desire and love for the profession, with physical powers, tact and plenty of good common sense.

F. S.: These attributes are absolutely necessary for a successful career.

S. S.: He must have a good literary and medical education. A great deal has been said about the educational qualifications of a physician.

F. S.: He should gain all the knowledge he can. He must learn, however that, he might have all the knowledge he could possibly acquire and still not be a successful practitioner of medicine.

S. S.: Knowledge of the medical science is a good thing, but is worthless or even dangerous without wisdom to apply it.

F. S.: Wisdom is that attribute of the mind which enables him to rightly apply his knowledge under any circumstances.

S. S.: It cannot be gained from others.

F. S.: It can be acquired only by one's own efforts.

S. S.: Wisdom enables him to discriminate between diseases that are very much alike—yet different.

F. S.: This is one of the most important things with physicians.

S. S.: His adaptability and moral qualifications should not be overlooked, as they are fully as important as his educational qualifications.

F. S.: Our examining board should not admit an applicant to examination unless he is a gentleman in every respect. When we see how closely he is connected with th people for whom he practices, we know how necessary it is for him to be a model man.

S. S.: One to whom the young men can look back on as an example.

F. S.: Yes, for he should be free from vices, and man's habits, such as the use of drugs, whiskey and tobacco, for each and all of these weaken his physical and mental powers and destroy his moral sensibility and his influence for good.

S. S.: After his graduation he should examine himself to see how little he knows.

F. S.: This he can easily do, with the first patients he has.

S. S.: He will find he is now only prepared to study medicine in reality and will soon find he must be a student the remainder of his days if he wishes to be successful.

F. S.: His next duty to himself is to marry.

S. S.: His wife will welcome him home when he returns from his duties, tired and careworn, make his home a paradise, and his home-coming a great joy.

F. S.: Another duty is to rear some children.

S. S.: They will keep him from growing selfish, and keep him young by bringing new life into his home.

F. S.: He will feel that his labors are not in vain and will have some one to care for him when he is old.

S. S.: Yes, if he has not business ability to collect his bills and leaves the advantage on all one side of the business.

F. S.: Still another duty is to care for his health as much as possible, keeping free from habits that will impair his mind and body.

S. S.: He must keep himself neat and clean and conduct himself so as to merit the esteem and confidence of his patients.

F. S.: Another very important duty to himself is, after he has served his patients with his best skill and ability, to demand his compensation, so that he may have a comfortable home to retire to when he is old.

SOCIALISM.

(Continued from Page 451)

of the nation at the mercy of one man, whose whim can at any time cause widespread disaster and distress.

Dr. Field says that I doubtless once believed in the right to own human beings. He is as near the truth in this, according to my belief, as he is in prognosticating the future. I was born in Michigan in 1862, and lived at the north until four years ago. My father was a republican, as I also was until I got my eyes open to the enormities of the present system of plundering called business; its harmfulness and destructive tendencies to both its "beneficiaries" and victims: and realized that the only remedy which could restore harmony and peace on this earth is the collective ownership of the machinery of production and distribution, and its operation for the benefit and use of the then owners—all the people—instead of being used, as now, to satisfy and foster greed, and encourage the development of the very worst elements in human nature.

O. C. Mastin, M. D.

Fort Payne, Ala.

THE WISCONSIN MEDICAL RECORDER

J. P. THORNE, M. D.
EDITOR
Janesville, Wis.

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ORIGINAL ARTICLES are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer or any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 13 DECEMBER, 1910 No. 12

This number completes the thirteenth annual volume of The Recorder. As we look over the year's numbers we believe they fairly and faithfully mirror the world's progress in medicine and surgey. The various discoveries and advances of the year have been referred to and commented upon.

Next year some important changes and improvements will be made in the magazine. We are making arrangements for the publication of some valuable scientific matter during the year. Next year's volume will be the best in the history of the magazine. No matter how many journals you take, you need The Recorder nextyear .

At this season of the year when everyone should feel happy and thankful, we extend to our subscribers our best wishes and hope that The Recorder may help all to make 1911 a happy and prosperous year.

♣ ♣ ♣

The copy for this number was placed in the printer's hands early in order to issue the number earlier in the month. The copy for the December installment of "Nan" was not received in time to get it into this number. It will be published in the January number.

♣ ♣ ♣

We have some copies of all numbers of The Recorder for this year. If any of our subscribers lack any numbers we shall be pleased to send them without extra charge.

♣ ♣ ♣

RUNDSCHAU,

(Continued from Page 453)

serves to exclude the possibility of epidemic meningitis.

The numerous investigations made in Europe as well as in our country, have so far failed to produce a rational therapeusis against poliomyelitis. But the researches made at the Rockefeller Institution with their inoculation experiments on animals foreshadow unmistakably that in the end a specific serum will be evolved which must be the logical weapon against the disease. For the present treatment remains purely empirical and symptomatic. The great duty of the physician is to protect the family and the community against the spread of the disease by prompt isolation of the patient and scrupulous disinfection of all articles which may have become contaminated with the discharges, especially those from the nose and mouth.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books of interest to doctors. Items of literary news will furnish information on progress in the world of literature.

THE LETTERS OF DR. BETTERMAN. By Charles Elton Blanchard, M. D. Pages 140. Heavy Paper, Price 75 Cents. J. D. Albright, M. D., Publisher, Philadelphia.

This book is a collection of letters from an old-school family physician to his son just entering upon his life work as a physician. The author in his preface says:

"His son, or his readers, may not accept all of his ideas, yet he was honest, did his work and did it well, and, above all, he was kind. He looked with pity and sympathy, rather than contempt, upon the follies and foibles of the race, for he knew that in the end the greatest and the proudest make no better dust than the low and humble.

"It was this philosophy of cheer that gave him strength to do the best he could throughout a long career of service, for Vanity never laid hands on his heart, and Time, though it wrinkled his brow and whitened his hair, never robbed him of his smile nor soured his soul.

"It is a great art to make an honest living. It is especially so when the living is to be made by the practice of medicine. While medicine is the only profession that gives all its progress freely to the race, seeking, as it were, to eliminate itself from human need, wholly or in a measure, yet individuals in the profession do not hesitate to characterize it with all the methods of that which is termed modern grafting, and surely many fall far short of that kindly ideal depicted by the many Dr. Bettermans of the Old School."

NEVER-TOLD TALES. By Wm. J. Robinson, M. D., Editor of The Critic and Guide, Medical Review of Reviews, Etc. Third Edition. Pages 155. Cloth, Price $1.00. The Altrurians, Publishers, 12 Mt. Morris Park, West, New York City.

A large amount of the terrible results of venereal diseases is due to ignorance of the diseases and their awful effects. The discussion of these diseases has been a tabooed subject and as a result the diseases have increased until the Americans are just beginning to awaken to the necessity of doing something. The prevention of these diseases is being discussed and various measures proposed to educate young people properly in this important matter.

Never-Told Tales gives, in the form of stories, the information that every man and woman should have. The stories show how these diseases are contracted by innocent parties with most direful consequences.

There is one charming story in the book not of this kind—"A Page from the Life of Professor Beaumont." It is the story of a young Swiss professor of chemistry who came to New York and contracted the morphine habit, while recovering from an illness. The story shows how a helping hand enabled him to throw off the habit.

Dr. Robinson writes in an entertaining and vigorous style which appeals to the reader.

♣ ♣ ♣

THE DISEASES OF WOMEN. A Handbook for Students and Practitioners. By J Bland-Sutton, F. R. C. S., Surgeon to the Middlesex Hospital and to the Chelsea Hospital for Women; and and Arthur E. Giles, M. D., F. R. C. S., Surgeon to the Chelsea Hospital for Women and Gynecologist to the Tottenham Hospital. Pages 554. Illustrated. Cloth, Price $3.25. Rebman Company, 1123 Broadway, New York City.

This is the sixth edition of this standard manual by two well-known English gynecologists.

The volume is a comprehensive work covering the whole field of gynecology concisely and clearly. The physician will find the book up to date and a safe and efficient guide in his work. "Injuries of Uterus" is a valuable chapter which the authors have added on account of the frequency with which the uterus is injured while being curetted. A separate chapter is devoted to the relation of the diseases known as "fibrosis uteri" and "adenomyatous disease of the uterus" to rebellious menorrhagia.

Another new chapter in this edition is devoted to the consideration of the vermiform appendix when a pelvic organ, as in this position it often leads to wrong diagnosis.

Some gynecological surgeons are enthusiastically advocating Wertheim's radical abdominal hysterectomy for cancer of the neck of the uterus. In this operation the ureters are so often injured that the authors have thought it advisable to add a chapter to this edition on injuries to the ureters in pelvic operations and their treatment.

The volume is well illustrated with 123 drawings. The Rebman books are all printed on antique wove paper, which is substantial and strong, light in weight and easy and pleasant to handle; this paper has no glazed surface, making it agreeble to the eyes.

LITERARY NOTES.

Everybody's Magazine has started with the aid of ex-Senator Frank J. Cannon of Utah, to demonstrate that the Mormons need reforming, both as to their matrimonial and business methods. The blame for the situation is laid on the Mormon Prophet, Joseph F. Smith, and the outlook for his peace of mind during the next few months is not encouring. A topic interesting all men in all countries at the present moment is flying. James Hopper tells in the Christmas Everybody's just how it feels to fly. He flew in an Antoinette aeroplane and he knows. The vividness of his description fairly takes one's breath away. Other articles are "A World Afire" by G. W. Ogden, telling of the burning of the Northwest woods and the inadequacy of our present forestry service; and the fourth instalment of "It," Lincoln Steffen's merciless analysis of present-day business methods. There is also an appreciation of William James by Walter Lippman, and William Hard shows much lack of appreciation of "The Women of Tomorrow—the Wasters."

The Physicians' Visiting List for 1911 is the sixtieth year of the publication of this excellent visiting list. In addition to the records of visits, etc., the book contains chapters on Poisoning, Asphyxia and Apnea, Incompatibility, Dose Table and other valuable tables. This visiting list has been used these many years by physicians and been found very satisfactory. The book is well bound in leather, arranged for twenty-five patients per day, a week at $1.00; for fifty patients, $1.25. It is issued by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

Some of the articles in The World To-Day for December, are: "Through Turbulent Persia" (illustrated), by Arthur W. Du Bois; "The Courts and the High School Fraternities," by S. J. Wettrick; "The Story of the Nativity (illustrated), by Laura B. Starr; "A Road That Made History" (illustrated), by Walter Williams; "What Grace Dodge Has Done for the Working Girl," by Edwin Wildman; "The World From a Dirigible," (illustrated); "The America's Trans-Atlantic Venture" (illustrated); "Our Brothers, the Immigrants," by Edward A. Haisey; "A Vital Transportation Problem of Today," by Darius Miller; "American Commercial Concerns in the Philippines" (illustrated), by Monroe Woolley.

MISCELLANY

ANTISEPTICS OR GERMICIDES.

When applied on Human Beings or Dumb Animals)

What is the result looked for?

What is the result obtained?

How is the result obtained?

Has there not been a complete misconception of the situation?

* * *

Up-to-date investigation indicates that the careless use of the terms "antiseptic" and "germicide" is very widespread. These terms have by thousands and thousands of medical practitioners been used interchangeably and—it would seem—with absolute inaccuracy.

That clinical results have been obtained is unquestionably true, but to what cause are they due? Are they due to the "germicidal" action or to the "antiseptic" action of the agents employed?

In view of the official bacteriological reports (Council on Pharmacy and others), how can it be possible that the results are due to the "germicidal" effect of the agent when it is clearly shown that it could hardly be possible that the "germicidal" agent has had the opportunity to exercise its "germicidal" force?

It would seem that the results obtained should be attributed to the "antiseptic" action of the products and not to the "germicidal" action. If, as shown in the bacteriological report of the Council on Pharmacy, a 1-5000 bi-chloride solution will not exert a "germicidal" effect on staphylococcus in acid broth in a test tube in five minutes (where the germ is completely submerged), how can it exert a "germicidal" effect upon staphylococcus in the human being where it is not in contact with the germ even for that length of time, and where it has to combat conditions in the human system which are less favorable to the action of bi-chloride, than those which are found in the test tube?

The following table is from Report of Council on Pharmacy of American Medical Association.

TABLE X.

GERMICIDAL TESTS DILUTIONS OF THE GERMICIDES IN THREE PER CENT ACID BROTH.

Dilution	1-100	1-200	1-500	1-1000	1-5000
MERCURIC CHLORID WITH S. P. AUREUS VI.					
1 minute....	—	—	—	—	+
5 minutes...	—	—	—	—	+
10 minutes...	—	—	—	—	—
20 minutes...	—	—	—	—	—
30 minutes...	—	—	—	—	—
60 minutes...	—	—	—	—	—
90 minutes...	—	—	—	—	—

As this 1-5000 bi-chloride solution does not kill staphylococcus in five minutes, how can it in a vaginal douche exert a "germicidal" action when it is not in contact with the affected part even for that length of time. The same is true regarding a nasal douche or a gargle.

It is self-evident that any favorable result produced must therefore be due to the "antiseptic" property, thus it would seem that in all such cases the desideratum is to secure an "antiseptic" which possesses the maximum of effectiveness and yet possessing the minimum of undesirable results.

Bi-chloride has been considered the standard "germicide" and "antiseptic" but its deadly poisonous character is a serious matter. Its damaging influence to membranes, its injury to individuals through absorption and its other undesirable qualities have had to be tolerated simply because no chemical had been presented which would completely take its

place. This is not so today, for a product is now obtainable, which, as an "antiseptic," will do more than can be accomplished by the deadly bi-chloride and the name of the product is chinosol. This is a matter of more than passing significance.

Following mattering taken from Report of Council on Pharmacy of American Medical Association.

"Chinosol forms no precipitate in any dilution.

"Carbolic acid forms a slight precipitate in dilutions of 1 to 100 and 1 to 200.

"Mercuric chlorid forms a heavy precipitate in all dilutions up to 1 to 1,000, and a less heavy precipitate in 1 to 5,000.

AN INTENSE ANTISEPTIC.

"In its first report the Council found that chinosol 'does possess considerable antiseptic action and that it is in this respect superior to carbolic acid. On this point the statements in the circulars are essentially correct.' The findings of both our referees in the present investigation confirm this conclusion. As regards staphylococcus pyogenes aureus and bacillus typhosus, chinosol is a better antiseptic than carbolic acid and equivalent to mercuric chlorid as an antiseptic. The findings of our first report and the claims of the Parmele Pharmacal Co. on this point are thus confirmed. (It should be stated that chinosol as now marketed is free from 30 per cent inert matter—potassium sulphate—and is, therefore, proportionately stronger than the brands examined by the Council's experts.)"

This official report of the Council on Pharmacy shows that chinosol is a more powerful "antiseptic" than bi-chloride.

THE FOLLOWING EXTRACTS ARE FROM HARE'S THERAPEUTICS.

"A large number of cases are on record in which carbolic acid poisoning ensued from absorption from surgical dressings."

"When iodoform is absorbed by the stomach or skin from surgical dressings, it induces a train of serious and curious symptoms."

"Bi-chloride of mercury even in this dilute lotion (1-10,000) has, when used in the peritoneal cavity, given rise to toxic symptoms."

"Koch stated that where albumin was present bi-chloride was decomposed and rendered inert."

WHY IS CHINOSOL VASTLY SUPERIOR?

Chinosol, as an antiseptic, is superior to carbolic, iodoform, bi-chloride, or any other product, not only because of its intense antiseptic power, but because it is non-poisonous, is non-irritating, does no injury to mucous membranes, does no damage to newly formed and sensitive tissue, does not coagulate albumin, is deeply penetrating and yet is positively non-toxic either internally or externally.

This statement is true regarding chinosol and is not true regarding any other chemical product possessing equal antiseptic strength.

In addition, chinosol is an analgetic, and analgesia is now recognized as a very important factor in the healing process, particularly in inflammatory conditions, hence the inestimable value of chinosol in a wide range of painful affections.

What happens to the hands of the trained nurse or the house surgeon of a hospital who has to continually handle bi-chloride and carbolic acid? Their hands are, in thousands of instances, in frightful condition. Absolutely no such condition exists where chinosol solutions are used.

Dr. Robert T. Morris, New York City, states (Medical Bulletin), "Chinosol certainly possesses many advantages over bichloride of mercury, in its non-toxic features, and in avoidance of coagulation of albumin. The latter feature makes it a much more penetrating germicide than bichloride, and I have been very much pleased with its prompt and definite action."

Dr. J. J. P. Armstrong of Douglas, Ariz., in a recent article, states as follows:

"For some months I have been working on the ionization of silver, zinc, and copper, in the treatment of chronic urethritis, and believe that I have an electrode that will prove to be of benefit to those members of the profession who may be interested in this line of work.

"I use a Neiswanger cataphoris electrode, made of hard rubber, with the tube closed at the lower end, bent to a proper urethral curve and perforated with small openings for a space of six inches from the distal end. The electrode shown in the illustration is only perforated for about two inches. The proximal end is pushed into a head, also made of hard rubber, to which is attached a twisted wire of silver, the length of the tube, and connected to a socket for the cord-tip. To the side of the head is attached a small metal tube one inch in length, which communicates with the long perforated tube, and which is connected by rubber tubing to a glass syringe having a long tip and capable of holding an ounce of 1 per cent silver nitrate solution.

With the patient on his back I lubricate the electrode with a lubricant consisting of 2 drams of gum tragacanth and four ounces each of liquor antisepticus (N. F.) and distilled water, and pass it down the urethra to the neck of the bladder, which grasps it.

"Then, having the patient hold the end of the penis tightly about the electrode, I fill the urethra full of nitrate solution, and, connecting the electrode socket to the positive side of the galvanic current, and having a large, well-moistened dispersive electrode on the abdomen connected with the negative pole, I turn on a weak current and gradually increase it to ten or fifteen milliamperes for ten minutes.

"Some patients appear to do better on zinc and others on copper, and for these I use the same apparatus, only substituting a zinc or copper wire and a 1 per cent zinc sulphate solution or one-half per cent copper sulphate solution as may seem best in the particular case.

"The long perforated tube, being easily detachable from the socket head, can be cleansed more satisfactorily.

"These applications are best made not oftener than every third day, and in the majority of cases will produce the desired result after not more than four or five treatments.

"Clinical experience has taught me that the indications for the use of this method are, the 'morning drop' with long, small yellowish particles, some floating and others sinking in the urine; and those cases in which the urethroscope shows fine granulations."

The above electrode may be obtained of the McIntosh Battery & Optical Co., Chicago, Ill.

♣ ♣ ♣

When a tonic is needed, there is none that will give more certain or uniform satisfaction than Gray's Glycerine Tonic Comp. For seventeen years it has been serving the profession, and the esteem in which it is held today bears eloquent witness to its unvarying quality and efficiency.

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Chionia is especially advantageous in jaundice accompanying pregnancy. It should be prescribed several months before parturition, and will be found an effective means of relief from hepatic pain, nausea and obstinate constipation which are often present, and so commonly described as 'biliousness.'

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A few leading features in McClure's Magazine for December are: "The Masters of Capital in America," by John Moody and George Kibbe Turner; "The Merry Christmas of Giovanna," by Amanda Mathews; "Goldwin Smith's Reminiscences"; "Paul Ehrlich: The Man and His Work," by Marguerite Marks; "Working Girls' Budgets," by Sue Ainslie Clark and Edith Wyatt; "The Trial and Death of Ferrer," by William Archer; "The Present Status of Polygamy in the United States."

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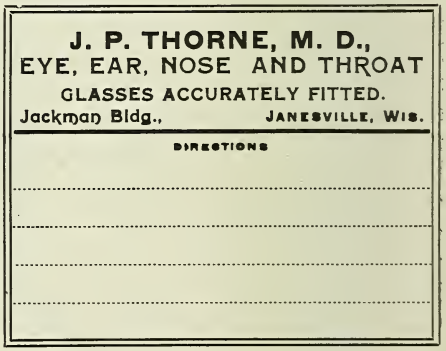
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